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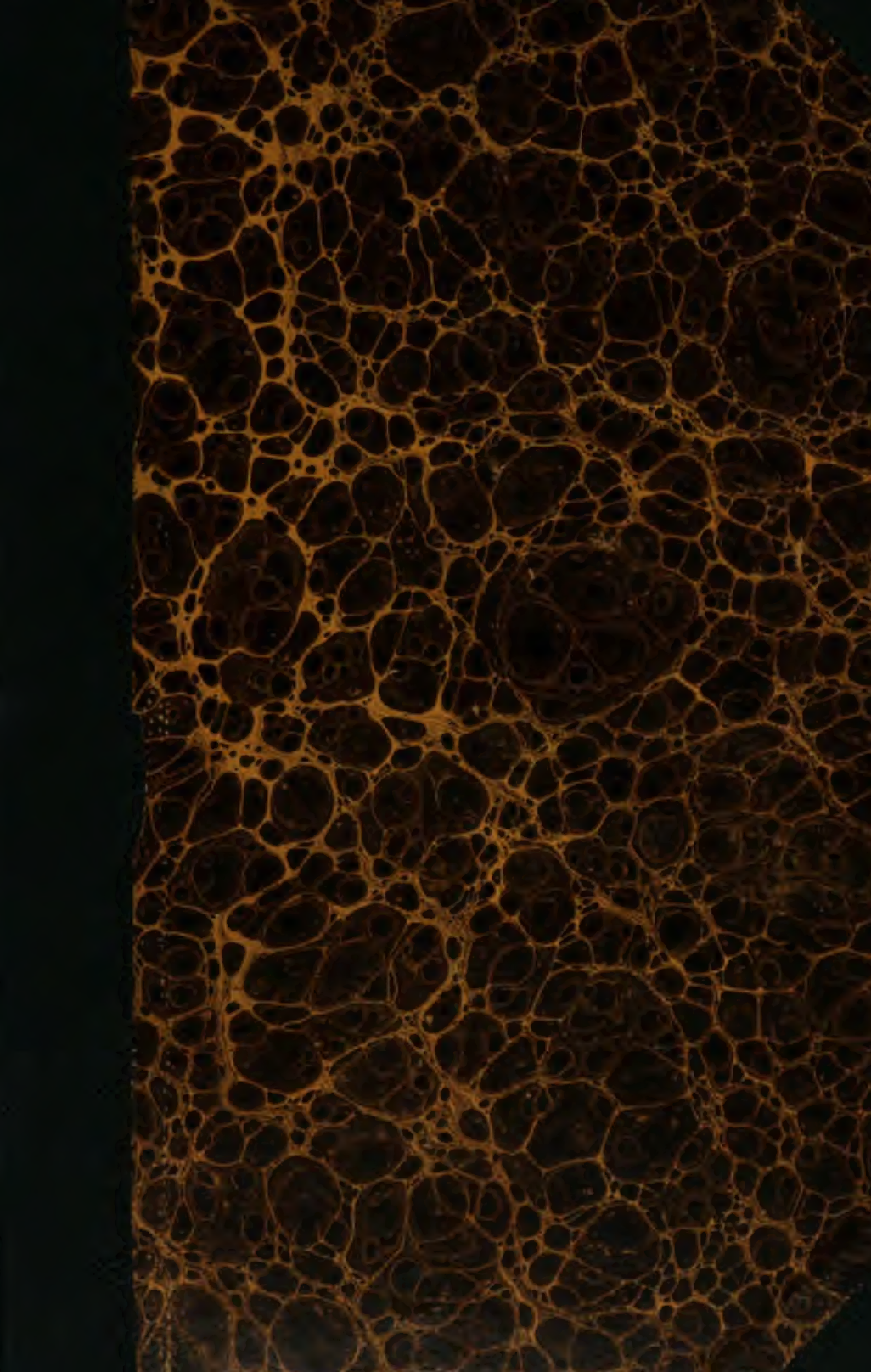
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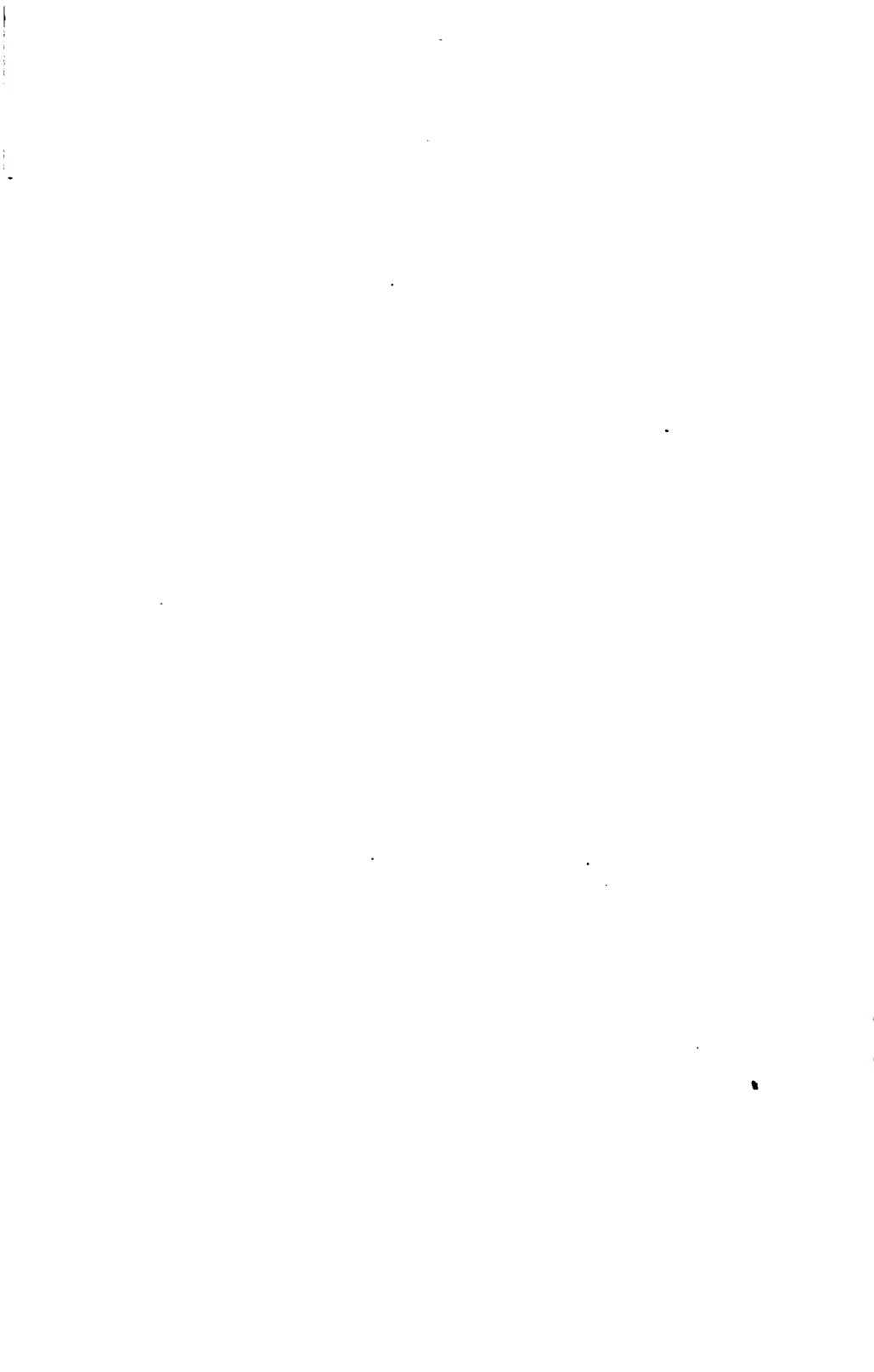




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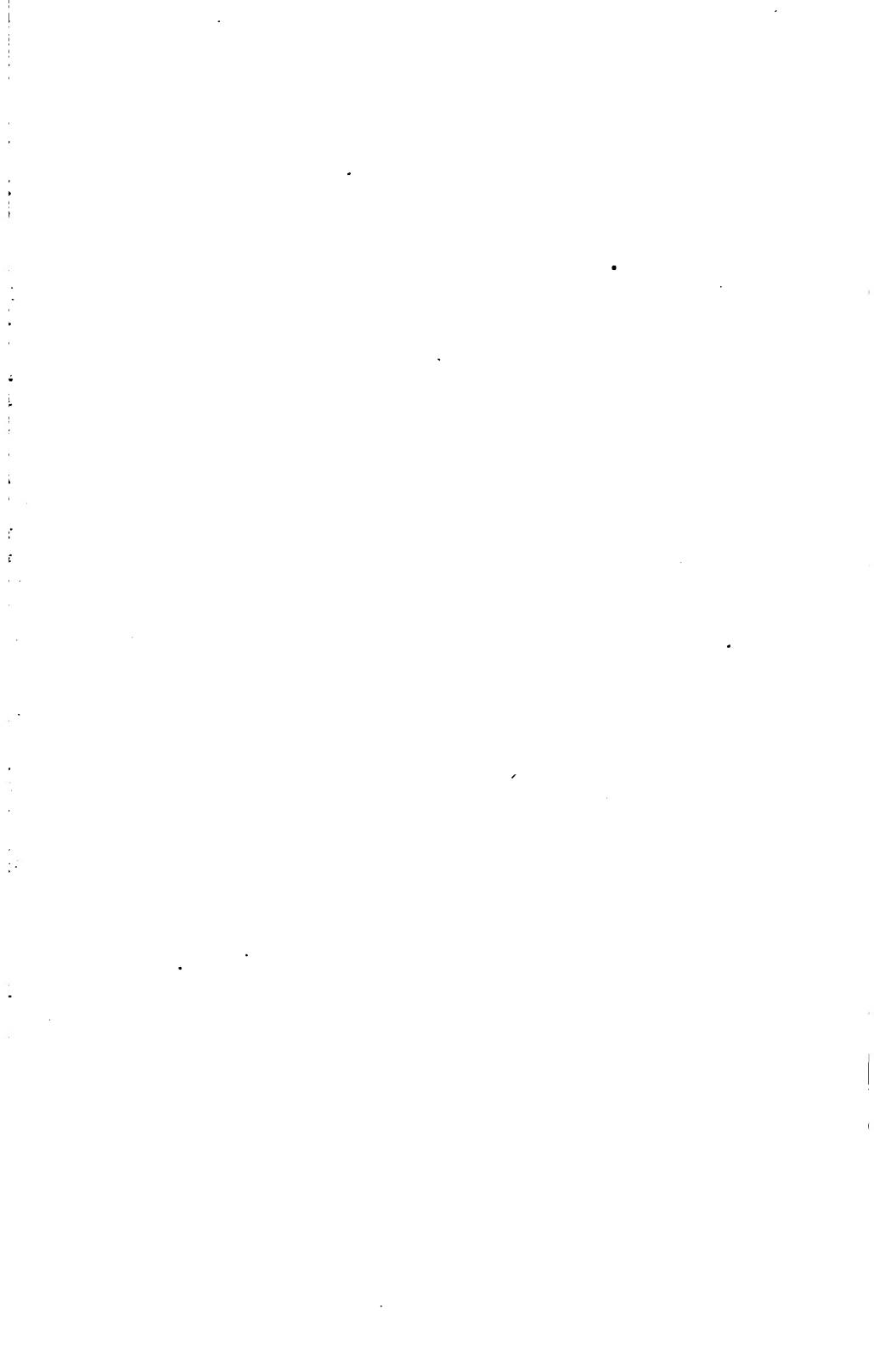
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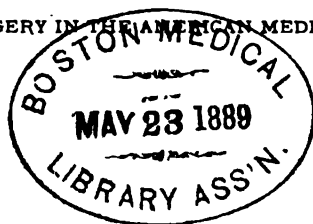
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—EDITED BY—

E. YOUNKIN, M. D.,

PROFESSOR OF SURGERY IN THE AMERICAN MEDICAL COLLEGE, ST. LOUIS



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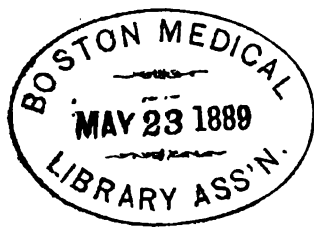


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THE

# AMERICAN MEDICAL JOURNAL.

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## ORIGINAL COMMUNICATIONS.

### HYDROCHLORATE OF AMMONIA.

BY GEO. COVERT, M. D.

Ammonium chloride ( $NH_4Cl$ ) is composed of one equivalent of hydrochloric acid and one of ammonia; or, in its ultimate analysis, of one molecule of nitrogen, one of chlorine and four of hydrogen. For its history, I would refer all readers to their dispensaries.

Its well-known properties cover a wide range, and it may be variously employed as refrigerant, laxative, diaphoretic, diuretic, alterative, antiseptic, stimulant and a parasiticide. I find it is one of the most generally useful in the entire category of therapeutic agents. I have used it in many of the pathological conditions for which it would seem to be adapted, and it has signally verified its reputation for possessing manifold and positive properties. It has proven one of the most reliable of agents for the purpose for which I employ it. It may be that I give it more prominence among medicinal means than physicians generally, and this must be my excuse for presenting it to the notice of the profession, and more especially the readers of the *AMERICAN MEDICAL JOURNAL*.

It is the only satisfactory agent I have ever used in senile gangrene, staying the progress of the disease better than any known remedy. In this topical treatment, the proportion is one ounce of ammonium chloride to the pint of water; cloths to be wet with this and applied constantly.

For erysipelas, I use it the same strength, sometimes adding tinct. veratrum, one drachm to the pint of the solution. With this externally, and muriated tinct. of iron internally, I seldom have occasion to resort to any other treatment. The surface scarcely ever blisters and pain soon vanishes. I have been called in numerous instances where acetate of lead and other common remedies had been used unavailingly, and there was much pain. I have resorted to my favorite application, as just given, and pain has invariably disappeared within a few hours.

It may be applied either warm or cold, to suit the preference of the patient. However, I use it hot, and the cloths covered with dry flannel in the following, viz.: inflammation of the bowels, peritonitis, metritis, orchitis, ovaritis, mastitis and tonsillitis. I think I have thus saved patients who would otherwise have succumbed to the disease, and some already pronounced hopeless by the attending physician.

I value it highly as a local application in discussing tumors, in sprains, all swellings from bruises, enlarged glands about the throat from diphtheria or scarlatina, and for inflammation of the eyes, either acute or chronic, using cloths wet in the solution over the eyes.

In periostitis, it has proven eminently satisfactory. In paronychia, by making it double strength, and adding fluid extract lobelia, one ounce to the pint, it makes a very soothing lotion, the best of local applications.

Internally, ammonium chloride often enters into cough compounds and alterative mixtures, especially for chronic bronchial affections and some pulmonary disorders. I have used it as an alterative in enlarged thyroid glands, thirty to forty grains daily, in broken doses. A friend has just written me for the prescription which cured his eldest daughter of enlarged thyroid, for the benefit of a second daughter similarly affected. I prescribed ten grain doses of muriate of ammonia, three times per day, with topical treatment of decolorized iodine (*i. e.* tincture iodine decolorized with aqua ammonia).

I will not give formulæ for elixirs and syrups into which this agent may enter and be made quite palatable, as each physician presumably has his own modes of administration. I have by no means



enumerated all its virtues or all the uses which I make of it, although I do not regard it as a cure-all or employ it as a stereotyped remedy in every disease.

I will, however, in conclusion, give the following formula, which is the nearest to a specific for the delirium of typhoid and typhomalarial fever of anything I have ever used or known to be used, and which proves to be efficacious even in the low forms of jactation and delirium with stupor and coma. *R.* Hydrochlorate ammonia syr.,  $\overline{3}$ j. (60 gr. to the oz.); fl. ext. valerian,  $\overline{3}$ jv. *M.* Sig. Dose. One-half to one drachm in gum acacia, every two to four hours, according to condition of patient or urgency of case. I have seen patients recover their senses and arouse from stupor with the use of the above formulæ, when all hope of recovery had been abandoned.

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## UNION.

BY W. J. ATKINSON, M. D.

The theory and practice of medicine comprises the entire list of physical sciences in its curriculum. That is, a man to be a first-class educated physician ought to be familiar with those sciences. Of course, those sciences are necessary to all other professions, but there are certain sciences that a physician must know something about before he is entitled to the name, to-wit: physiology, anatomy and chemistry. A man may be familiar with all these and not be a physician, as there are more things for a physician to learn than that. But they are the foundation upon which he must build the healing art. It does not matter what system of medicine he proposes to practice, these sciences form his foundation. The differences generally arise when he approaches materia medica and therapeutics. The dogmatisms in medicine are found mainly in regard to those sciences. Hence, we have those who formulate the code to anathematize all who do not adhere strictly to the materia medica of code makers. Again, therapeutics give us trouble—the laws of cure of the schools must play an important part in the anathemas. We have allopathy, by which we use medicine for its toxical effect, *i. e.*, to produce another disease in the place of the one that already exists. There are those who do not believe in that theory, for it is only a theory. The law of homœopathy is, that similars

are the ones that cure, *i. e.*, that remedies are to be given in infinitely small doses, which, if given in large doses, produce the symptoms that you are called upon to treat.

All cannot unite upon these laws of cure. Then upon what can they unite? It is impossible to reduce therapeutics to an exact science. Then why should any be so dogmatical and bigoted as to wish to force everybody to accept as true what everybody knows is not true? *Materia medica* is as broad as the material universe, and who shall proscribe me for using one article to the exclusion of another? Union can be effected upon anatomy, physiology, pathology and chemistry, and when we come to *materia medica*, every man must choose his remedy for himself. All ought to be able to unite upon that liberal and broad platform—this is eclecticism in its broadest sense. Allopaths adopt it in *materia medica*, and if they will just accept any material as a medicine that can be made available in the relief of human suffering, they can unite with eclectics. But how can eclectics return to the “fleshpots of Egypt,” as taught and practiced by other schools of practice, to unite upon those old ideas that are being left behind as fast as the intellect of man is developed to a point to appreciate truth?

Truth must be the basis of union. Whenever a truth is found, accept it; whether found upon christian or heathen ground. It does not matter who discovered the virtues of a remedy; the question to be ascertained is: Will it relieve suffering humanity? If so, it is my remedy, your remedy or any other man's remedy. The germ theory has its advocates, and, to my mind, some reasonable hope of a basis of union.

The microscope reveals wonders, and when it reveals an incontrovertable fact let us lay hold of it; and when a remedy will destroy a “school” of bacteria or other cocci, let us add it to our list of remedies.

There can be a rational system of medicine evolved which all can accept who have grown to a point to desire the truth.

Unity in essentials; liberty in non-essentials. Every man, woman or child who advances an idea, or discovers a therapeutic agent of value, ought to be credited with the discovery by every other individual member of the human family, without having every inch of ground contested by some jealous bigot. The people, the

masses, have a great deal to do with this matter, more than many are aware of. An intelligent patient can do much to tone this sentiment. Let the people demand that doctors treat each other with the respect that is due to gentlemen, and the codeists will soon get ashamed of their clannishness, and come up on higher ground, that recognizes every man to be a gentleman until he proves himself otherwise.

Union would be a good thing for the people, but it must be upon principle. It cannot be upon dogmas and creeds nor codes of selfish parties. "The world is my *materia medica*; to relieve suffering humanity is my mission." This, to my mind, is the motto which every physician ought to adopt. If any one else has a better one, let us have it.

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## PATHETISM.

BY A. W. DAVIDSON, M. D.

"The hideous lie of spiritualism," seems to have disturbed Dr. Atkinson's equilibrium.

He strongly intimates that Dr. Younkin attempts to smother the spiritual origin of things, denies the fundamental principles of existence, is a materialist, and that if this doctrine were carried to its legitimate end, would divest the universe of God entirely.

It is rather amusing to hear a man speaking of the spiritual or any other *origin* of things.

The truth is, Dr. Atkinson nor any other man has any conception of the origin of this universe, nor can anyone have any conception of its extent or ending, and we have just as little conception of God.

Now let me say, the materialist does not deny God, for he can not absolutely *deny* a thing of which he has no conception. He simply asks, what is God? and the term has never been defined to his satisfaction, nor to the satisfaction of any thinking person.

Dr. Atkinson asserts that there is an unseen force in the universe which permeates all matter, and upon which the existence of the material universe is dependant.

Now we admit the existence of force in the universe, but what would become of that force if the material universe was removed?

We cannot conceive of the existence of force without something for it to be exerted upon.



It is just as easy to believe that force is dependent upon matter, as that matter is dependent upon force.

At all events they are interdependent, coexistent, coextensive, and vexatiously inseparable.

Now, as to his spiritualism. The term spirit, as applied to an immortal principle in man, is to the materialist utterly meaningless. He admits that man is more highly endowed intellectually than other animals, but what is this immortal spirit? Is it feeling, emotion, volition or sensation? If so, the lower animals possess it in a very high degree. Is it the moral, intellectual, or reasoning faculty? Then the spirit depends upon the development of the brain, and, besides, there is no question but that some of the lower animals reason to some extent.

Of course, Dr. Atkinson, I should suppose, would say that the spirit is this "unseen force," which acts independently of the emotions; that the emotions are only the phenomena produced by the operation of this "unseen force."

Now the emotions are unquestionably produced by external impressions; and if this "unseen force" is acting independently of the emotions, it is certainly acting independently of the agent that produces the emotions, external impressions, and, consequently, we would be as apt to rejoice at the death of a friend as to weep. It would depend entirely upon the mood this "unseen force" was in.

Now, if this "unseen force" does exist, and it is the immortal principle in man, (neither of which has been proven,) it certainly could be nothing more nor less than that which takes cognizance of external things, which loves, hates, desires, rejoices, weeps, etc.

If this spirit loved us, and desired to communicate with us while in the body, I see no reason why there would be a change in that love or those desires after death of the body; and if this spirit had the ability to commune with us after death of the body, I think it would do so, and do so directly. Now it will not do to deny the ability of this spirit to do this, for, according to the belief of spiritualists, this spirit is the immortal or God-like principle of man, and, it being God-like, its powers are unlimited.

Now why is it that the only way we can commune with the spirits of our departed friends is to approach a "cranky" old "medium," unsolicited by the spirit of our friend, and be compelled to take the

creakings of an old rickety table, with any construction the operator may choose to place upon them, as their language, or the markings produced by enclosing a piece of pencil between two slates, (such markings not being entitled to the credit of respectable hieroglyphics,) with any interpretation placed upon them the operator desires?

The truth is, in my judgment, these "mediums" are persons of very sensitive nervous systems, and receive impressions with surprising ease.

With a little study of the facial expressions produced by certain mental operations, a few lessons in legerdemain, and with the full confidence of the victim, they are fully equipped.

Now there are many things connected with spiritualism I would not undertake to explain, neither would I undertake to explain any form of jugglery.

In my judgment the foundation of spiritualism is unsound, and consequently the whole superstructure rotten, and the basest fraud ever practiced upon any people.

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### OPIUM.

BY W. P. BILES, M. D.

Dr. Scudder asserts that opium has caused more deaths than mercury and the lancet. While this may be true, there is not a drug in the materia medica that would be more missed by the active practitioner of medicine. To certain nerve functions, opium is a stimulant; to others a sedative; the one action is not dependent upon the other. My observations in physiology have not been thorough enough to determine what portion or what ganglia of the cerebrum are stimulated by opium. Nevertheless it is evident that that part which is the seat of the imagination is stimulated by its use. Under its influence the imaginations, or fancies, are of a pleasurable kind; the mind is more acute and penetrating; new and brilliant ideas develop, which absorb the entire attention; the subject prefers solitude; his own thoughts surprise and entertain him; his thoughts are so much superior to the usual workings of his mind, his mental developments are so startling, that he is wholly and happily absorbed in contemplating the creation of his fancy, and hence prefers to be alone. Who has failed to observe this peculiar characteristic of the opium habit?

On the other hand, in the case of the alcohol drinker, other portions of the cerebrum are stimulated; the animal propensities are developed; and, as physical strength increases, the mental energy decreases. While his imaginations may be to him pleasurable, they are degrading. Not the refined imaginations produced by opium, but the reverse. Instead of solitude, he seeks associates who will drink with him and share in riotous carousals his exhilarated feelings. He must find those who will thoroughly sympathize with him by becoming as he is.

As a cardiac stimulant, opium strengthens the organs, produces a slow regular action and regularity of rhythms. A full dose of opium given to one that is suffering from feeble and excited action of heart will produce an effect which resembles the heart and arterial action of a man in health. If alcohol, digitalis, convallaria, etc., are cardiac stimulants, opium should be called a strengthening and sustaining remedy. The indication for opium in cardiac and arterial affections is a feeble acting heart, irregular in power and rhythms; the pulse is small, wiry, and feels like a pulsating thread. In peritonitis and diabetes melitis, I have always found those symptoms present; hence, opium has been a valuable help in the treatment. In any operation or injury which is likely to be followed with prostration, opium should be administered to guard against the cardiac prostration.

The simple passage of a catheter or sound into the bladder of aged people is frequently followed by syncope and asthenia. Opium administered one hour before the operation would relieve all danger.

In fevers, when after a tedious run of three or four weeks a sudden decline in the temperature is noticed; also during convalescence, when the patient is debilitated, the heart should be strengthened, and supported, there is no other drug that will respond so quickly and with so much certainty as opium.

**OPIUM POISON.**—I will not describe symptoms, simply speak of the treatment. If called in time, evacuate the stomach with pump, if convenient; if not, provoke emesis. Use hypodermic injections of atropine, sufficient to dilate pupils; keep the patient constantly in motion. If unable to walk, roll him about; raise him to sitting position; slap him over breast and back: raise the arms to the side of head, then quickly replace them to side with pressure to stimulate respiration.

If convenient, use the faradic current of electricity, the positive pole to nape of neck, the negative over the heart. You will have no trouble to keep the patient alive for eight or ten hours. For that period the heart will be working strong and slow, but as soon as the cardiac stimulant begins to subside, there is danger of fatal collapse. As soon as you notice the heart's actions growing feeble, give a full dose of opium, or some of its alkaloids subcutaneously. I prefer aqueous extract; this will increase the force of the heart's action, and in time must be followed by a smaller dose and its use continued, until the patient is bridged over the period of collapse. In the past year I have treated three cases of opium poisoning. With one, after following the general treatment as laid down by standard authority for twelve hours, cardiac depression gradually developed until fatal collapse terminated the case. With the other two, notwithstanding one had swallowed thirty grains of sulphate of morphine with suicidal intent, at the time when the force of the heart's action began decline opium was administered, and life was saved.

To the best of my knowledge, I am the first to employ the above treatment. Should any of your readers give it a trial, please report success through JOURNAL.

In another paper I will speak of the sedative action of opium also the habit.

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### **A GOLDEN OPPORTUNITY.**

BY G. E. POTTER, M. D.

The Hon. J. V. Lewis, of the senate of Ohio, severely criticised eclectics for want of zeal in the way of publishing their cause in the legislature, and before the public. Let eclectics take a hint, and, at this opportune time, place themselves in right light before the people. In view of the selfishness of the Old School, as shown by their manipulation of the Medical Congress, we have an opportune moment presented to us, and if we are alive to our interest we will embrace this golden opportunity.

The adherents of the American Practice of Medicine, as compared to the Old School, are about 1 to 8 or 10. The homeopath's rate about 1 to 6 or 8 with the Old School. Thus we see that eclecticism is no longer an experiment, but is an established school of medicine, based upon pronounced rational principles.

We are able to bear the insolence, and fiendish effrontery, emanating from such cliques or rings as the concoctors of that notorious rule 1 of the late Medical Congress. "A dirty bird it is that befouls its own nest." These sore-heads and would-be regulators of the medical profession in free America, have succeeded in accomplishing their vile ends, but this, their last effort, is as contemptible as the result will be humiliating.

It was the earnest hope and desire of every true foreign and American physician, who loves his manhood, that sectarianism and creeds should be unknown in the Medical Congress, and that it should prove *international* in a true sense.

But, alas! alas! the Congress has convened and adjourned. We saw it coming, passed through it, and now we see its frail form coiling and wreathing in agony.

Properly conceived, gestated in jealousy, born a most hideous monster, and died of a most loathsome disease—its parents now would thrust their offspring deeply into the dark regions of oblivion, to be out of sight, forgotten for all time and eternity.

The *Medical Register* wails and laments the action of the *Philadelphia Press*, and says: "Not to mention other matters, an article in the *Philadelphia Press* cannot pass unnoticed. After grossly misrepresenting the proceedings, and falsifying the records of registration, the statement is made that the Congress is a failure, that the proceedings are barren of scientific results, and are marked by want of courtesy." How sad it is that one class will wilfully and maliciously misrepresent another, simply because they do not fully accord with them. We can fully sympathize with the friends of the *Medical Register*.

Gentlemen, in all candor, let me ask in the name of every honest and reputable eclectic physician in Pennsylvania, yes, of all the United States of America, how grossly and falsely did a few of the Philadelphia daily newspapers condemn and vilify eclectics a few years since?

Misrepresenting our past and present record, and our noble cause, such wholesale misrepresentation of facts, and such slandering of thousands of reputable, earnest and scientific American physicians, was extremely inexcusable and most notably condemnable.

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**MEDICAL PICKINGS.**

BY E. R. WATERHOUSE M. D.

**SOLUBLE MEDICATED GELATIN.**—This is an article that has recently found a place in many well-regulated drug stores, in the form of urethral and nasal bougies, intra-uterine pencils, rectal and vaginal suppositories, etc.

In many diseases of the mucous surfaces, specific or otherwise, this method of applying remedies is superior to any other; any medicines that are demanded by the case in hand may be incorporated, and any shape or size desired may be moulded from the warm mass.

The medicines being thoroughly mixed with the gelatin, it is held in close contact with the diseased surface while being dissolved, thus exerting a more positive curative influence than could be obtained by the use of the syringe.

This is specially applicable to cases of gonorrhea and gleet, old and stubborn cases yielding with little or no trouble.

The prices that the physician has been compelled to pay for these articles ready for use, has been an obstacle that has prevented their coming into more general use; but by following the directions that I will give, anyone can prepare them at a cost not to exceed one-tenth of the prices usually charged.

Melt together over a water-bath, white gelatin three parts, glycerine six parts, water one part.

Whatever medicine is to be added, is to be dissolved in a little water, or, if not soluble, reduced to a fine powder, and incorporated slowly by constant agitation with a glass rod.

For moulding urethral bougies, a glass tube is to be selected of the required diameter, fit the tube with a ramrod similar to a boy's pop-gun, oil the inside of the glass and immerse in the melted mass; by gentle suction the cavity is filled; close the end with the finger and allow it to cool, which will require but a moment, push out the core and cut into the necessary lengths, which is from three to six inches long.

When they are to be used, immerse for a moment in water, then insert with a rotary movement; use upon going to bed, applying a piece of absorbent cotton to guard against soiling the clothing.

**PHOSPHATE OF ZINC.**—At this season of the year the physician receives numerous calls to prescribe for what the patient terms "a lame

back;" the trouble in most cases is no doubt the result of taking cold. The lameness is in the lower lumbar and sacral region, and about the hips; his complaint is that he cannot get up out of a chair without great pain, and when he attempts to bend over it requires the aid of another person to straighten him up again. Here is a case where phosphate of zinc, 3x (third decimal trituration), comes near being a specific. Give a powder of two to five grains upon the tongue four or five times a day; the patient will hardly realize that he is taking medicine, but will get relief sooner than by the old routine of nauseous drugs or disagreeable plasters.

GLYCERINE IN FEVERS.—Some time ago I noticed an article recommending glycerine to be applied to the tongue when so disagreeably dry as we often find them in acute febrile diseases; the idea was new to me, but upon giving it a trial find it of much importance. Often a patient will waken every few minutes, or sleep is entirely prevented, on account of the dry parched condition of the tongue. Brush it over lightly, as well as other parts of the mouth, with a little glycerine, and the trouble is ended for a considerable time.

### IS PNEUMONIA "INCIDENT TO COLD?"

BY MONT. M. HAMLIN, M. D.

Under the term pneumonia is embraced many different conditions of disease. There are many different types of pneumonia, as catarrhal pneumonia, lobular pneumonia, croupous pneumonia, etc. The former is that form or type of the disease usually met with in children, and may be either uni- or bilateral. The same may also be said of the croupous pneumonia, though it is more commonly met with in adult life, between the ages of 20 and 40 years, although the very young nor yet the aged are exempt from it. But we did not start out to discuss the different types of the disease, but to ascertain if possible, whether pneumonia is the result of cold. The statistics do not show that this disease is more prevalent during January and February than it is in October and November, neither more than March and April. It is not an unusual thing to meet with this disease even in July and August. (The most obstinate cases of this disease the writer ever treated was in the month of August.) In the semi-tropical countries the disease is very prevalent and fatal, and even at the equator this disease is not unknown, but on the contrary

it is often known to appear as an epidemic; while in the polar regions we are informed that this type of disease, pneumonia, is unknown. In the West Indies it is a common disease, while in Iceland and the Norse Country it is almost unknown. This disease is nearly always ushered in by a chill, more or less distinct, followed by a rise of temperature, and other symptoms that would lead us to suspect the approach of an exanthem; it is often impossible, if called quite early, to determine whether we have a case of pneumonia, measles, erysipelas, etc. 'Tis true the history of the case may aid us to a great extent; but were we to depend wholly upon objective signs of disease, within the first 6 to 18 hours of the attack, we could not often pronounce our case pneumonia.

Now I am in a position, or rather a condition, of mind to believe that pneumonia is an acute specific fever, with a local inflammation of the lung, same as typhoid is a specific fever, with a local manifestation of the disease in the glands of the bowels.

I do not say that pneumonia is the result of bacteria, though Klebs\* claims to have found the infectious agent—a monas pulmonale—of croupous pneumonia. Yet I think that pneumonia is a diseased condition of the blood—a specific poison, which is incapable of producing other than the disease known as pneumonia. The disease passes through certain well-marked stages, same as all other specific fevers. It seems to have an affinity for the lower lobe of right lung; 50 per cent of the cases are found to affect this portion of the lungs.

Whatever the cause may be, the fact remains that pneumonia is one of the most common and formidable diseases with which the physician has to cope. I am aware that it is claimed that a very large per cent of pneumonia will recover without special treatment, with good nursing alone. I have never known this experiment tried. In this country people regard pneumonia a very dangerous fever, and always send for a doctor early in the disease; however this may be, it argues nothing against its specific nature. Will not other forms of disease yield as readily? In the above, I have not attempted to advance any thing new or original; my object is to have this matter more fully discussed—hence, would be pleased to hear from others on the subject. We are eclectic—we want the right thing.

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\*Loomis, in *Pepper's System of Medicine*, page 319, vol. iii.



**ECLECTIC MEDICATION.\***

BY H. L. HENDERSON, M. D.

It is almost a matter of impossibility for a physician to practice medicine by using the prescriptions suggested by others for the palliation or cure of a given disease; thus, one practitioner, say in Ohio, will report through the medium of some medical journal that he has used with a surprising degree of success, a certain combination of medicines for the cure of say scarlatina, and lauds the prescriptions as a sure cure for that dread malady; his brother practitioner, located in the State of Texas, sees the JOURNAL report, has a case of the same disease, administers the compound or remedy—the result is a funeral.

An author of some work on the practice of medicine advises a certain line of treatment for pneumonia; a trusting follower takes up that line and soon comes to the conclusion that pneumonia is a very fatal disease, and the whole practice of medicine a fraud.

A medical student hears his lecturer say, that for cholera infantum certain remedies should be used; he enters the practice of medicine and follows the directions of his teacher, and soon sees many of his little patients carried to the grave, condemns the teachings of his teacher, declares that the practice of medicine is pure empiricism, and finally gives it up in disgust, or grasps the first idea presented in his medical periodical, and soon travels over the same road again and finally reaches the same conclusion as before. These are facts that we see demonstrated every day in the medical world at large, but should not be seen, and in fact are not seen, in the history of truly eclectic physicians. I take it that if there is any one characteristic more than another that serves to mark the difference between us, as a school of medicine, from our medical neighbors, it is the certainty with which we administer our medicines to our suffering patients, and the definite results we produce, and this followed by ultimate success. Then this method of medication being peculiar to us, we may properly term it, as I have in this article, eclectic medication.

It is not only eclectic in the literal signification of the term, but also in its peculiar professional distinctiveness.

How do we as a class gain or acquire this certainty of medication,

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\*Read before the Eclectic Medical Society of St. Louis.

is a question that might be asked by the skeptical. I answer, it is by a combination of underlying principles, based on the law of cause and effect, and supported by certain fixed principles or facts contained in the laws of physiology and pathology. Let us reason about this, or in other words test the matter. In physiology we learn that the normal color of a mucus membrane, as that of the mouth, consists of a blending of the colors we call carmine and lake; then, ascertaining where that mucus membrane gets its color, we find that it is from a proper distribution of capillaries within its structure, they being filled with bright red blood; then going a step farther in this same direction, we learn that the proper or normal color of the blood is caused by an equilibrium between the chemical ingredients of which it is composed. Now what would be the result of withdrawing one of those constituents? Certainly the color, quantity or quality of this fluid would be changed; the color appearing through the capillaries on the mucus membrane would be changed. If it be the chemical contained in the blood that we know by the name of soda, it being the material that gives the blood its fluid character, then just in proportion as is this chemical withdrawn will the fluid become thicker and less in quantity, the capillaries not only of the mucus membrane, but of all the tissues, will not receive the quantity of blood that they would in perfect health. The tissues grow pallid from want of it; many other conditions may spring from this same cause, but let this serve as an example.

What would be a rational treatment of a case showing this special symptom? A mere tyro in medicine, or one endowed with a very small allowance of common sense, would readily answer, give the patient some form of soda.

Again, we find a patient suffering under a condition that we recognize as consisting of an increased amount of blood flowing to, through, and from the lung; this condition has been brought about by a retained excretion acting as an irritant on the vaso-motor system of nerves; this irritation permits a dilatation of the pulmonary capillaries, allowing the increased current of blood.

Now what is rational treatment here? You can answer, as readily as before, give those remedies that will allay that irritation of the vaso-motor nerves, thereby contracting those dilated vessels, and a remedy to carry out that retained excretion, which was the original cause, and the patient is well.

Have we remedies that we know will accomplish this end? Certainly we have. How have we learned that they will do this? By physiological experiment, possibly not conducted by us, but by competent observers; for in this case it is not a chemical truth or self-evident fact as in the preceding case. What are these remedies? I will only name one for each purpose, whose action is as certain for this purpose as is the rising of to-morrow's sun: ipecac for the circulation, and acetate of potash for the retained excretion.

In another case a poison is introduced from without, and possesses a species of life, or at least a certain length of time to live; it acts as an irritant to the vaso-motor nerves of the entire system, and we find our patient suffering under that condition that we call stasis or congestion, and we know the fact that just in the proportion as is the stasis of the circulation, so is the power to live depressed. Then, if we can relieve this congestion, we might make another equation, as is the stasis relieved, so is the patient's power to live increased, or the ability to live until the poison has lived its life and exhausted its power. Have we a remedy that will accomplish this purpose? Certainly we have, learned, as before, by careful investigation: belladonna will produce a normal circulation by counteracting the effect of the poison upon the nervous system. Will it always do it? I claim that it will whenever the conditions are the same. Methinks I hear you say: "That is all very nice theory, but it will not work every time. I have given soda when the mucus membrane was pallid, and ipecac when the lungs were inflamed, and belladonna when there was congestion, and they did not always relieve." Well, let us see about that; for if the medicines are at fault, we must know it. Did you ever know a medicine to make a mistake, such as giving a man a dose of aloes, and seeing it by its constitutional effect produce opthalmia? No, you always saw it act as a brisk cathartic. To the contrary, did you ever see a doctor mistake inflammation for congestion, or call a pink mucus membrane red? I have seen the like many times, in fact so often that it annoys or disgusts me to hear a man say that medicines do not produce a direct and a definite result, thus trying to throw the blame on the poor medicine and say that it took the wrong road and went to the wrong part of the organism.

Then let every physician who would learn of the vast possibilities of this system of eclectic medication, and who is at present skeptical about it, begin and study closely his forgotten anatomy that lies

mouldering among the things that he laid away when he got his "sheep-skin;" supplement that by a thorough study of the latest and best works on physiology and pathology, thus learning what conditions of certain organs or sets of organs produce certain results; then learn to know the exact action of every remedy that you use, how it acts and where it acts. Don't use a remedy because Profs. Younkin, Berry or Henderson says use it, or because Jones or Smith or Brown reports in the JOURNAL that he can almost raise the dead with it, but if you use medicine, use it as a mechanic does his tools, because you know exactly what has to be done and that this or that implement will do it. I know this is an old song, but it is one that will bear using just as long as physicians continue to let other people do their thinking for them, and depend upon substituting other people's knowledge for the original article, which should be and can be possessed by each one. Why is it that a remedy used by one physician in a certain locality, followed by excellent results, is not attended by the same effect when used by another for the same disease? Simply because each medicine has a certain definite positive action, and in one case the patient was suffering from congestion while the other was suffering with an inflammation. One author will say that hydrocyanic acid will check vomiting when caused from irritation; one who has carelessly read that instruction will visit a case and find excessive vomiting, administer the acid and literally fail to relieve his patients, and will declare in strong terms that hydrocyanic acid will not relieve vomiting, because he administered the remedy without understanding how or why it relieved certain cases, or even did not take the trouble to find out why his patient was vomiting, and blames the medicine with failure instead of charging it up to his own ignorance. Such examples might be multiplied *ad infinitum*, but let this suffice to stimulate each one to a closer study of pathology, materia medica and therapeutics.

## SEQUELÆ OF ERYSIPELAS.\*

BY J. L. INGRAM, M. D.

It frequently happens that physicians are called upon to treat, not merely the primary, but the secondary conditions or lesions superinduced by what has gone before. The part that has been affected

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\*Read before the Eclectic Medical Society, St. Louis.

has had a peculiar impression made upon it, which will vary according to the nature of the primary disease.

Parts that have suffered a very high degree of inflammatory action are not always re-established as they were in their entirety of proportion and function; in fact, part of an organ may be lost in consequence of diseased action, or its function may be greatly impaired, and yet under favorable circumstances its function may appear to be normal.

Erysipelas is an affection, the sequelæ of which are many and far reaching; we know that it may even cause death of the part in which its ravages are perpetrated.

The case of which I wish to speak is in some respects peculiar, at least it seemed so to me. It is as follows: the patient, a married lady and by occupation a school teacher, had suffered from periodical headache for about two years; during this time the attacks became more frequent and severe, but had always yielded to the bromides. At my first visit I found the patient in bed with some acceleration of pulse and elevation of the temperature; temporal arteries throbbing, pain all over the head and extending down the spine. I prescribed chloral and gelsemium, small doses frequently repeated until relieved, and left the patient. The next morning she was much better and in two days was seemingly as well as ever.

Since that first visit I have been called several times to see the same patient, in much the same condition and with the same result; she would be about in a day or two as well as ever. At last I came to the conclusion that there was somewhere an explanation for the condition of my patient, and, on inquiring closely, I found that the cephalagia had supervened upon a severe attack of erysipelas of the head and face; I further found that the symptoms had been progressive in their nature—first there was the frontal and parietal headache, then successively the affection involved the base of the brain and spinal cord, and at my last visit there were symptoms indicating that the motor roots of the spinal nerves, which proceed from what some anatomists call the antero-labial column of the spinal cord, had become involved and manifested the irritation at that part by great restlessness, especially of the limbs. So I had to deal, not with a case of congestive headache simply, but of a debilitated condition of the nervous system, in consequence of which my

patient was unable to attend to her ordinary avocation with a reasonable degree of comfort, and finally culminated in those atrocious headaches. I came to the conclusion that the proper course to pursue was to endeavor to control the symptoms then manifested, and that the curative treatment proper should be instituted when the patient was seemingly at her best; in other words, when there are no symptoms let us endeavor to obviate the tendency to them by elevating the vital resistance and tonicity of the nervous system to a plane which will be above that on which the morbid condition can exist, which, if we can accomplish, will place our patient out of the reach of those terrible headaches and nervous state.

It is my impression that her present condition is owing to the fact that the function of the brain and its blood supply have been so altered as to be unable to withstand the pressure of her avocation as school teacher, and what she required was a neurasthenic tonic, combined with agents of slightly narcotic and depressive qualities. This formula I found to answer an excellent purpose: *R. Celerina, 3 vj.; tinct. hyosciamus, 3 j.; tinct. gelsemium, 3 j. M. et Sig.* Teaspoonful night and morning. This I gave the patient after her last attack, and she has been taking it every day since, but has reduced the number of doses to one teaspoonful taken before going to bed; it makes her sleep better and in every way has made a great improvement in her condition. She once took a dose of the medicine without measuring it, and told me it made her feel as though she could fly. We aimed at the elevation of the condition of her nervous system, and it seems now as though she will be able to fly over those attacks of headache.

### POSTAL BRIEFS.

THE ECLECTIC MEDICAL SOCIETY of St. Louis meets every Tuesday evening. Short reports of cases and articles on different subjects are presented in writing, after which general discussion follows. Those articles possessing merit will hereafter be reported in this JOURNAL.

**A CASE IN PRACTICE.**—*Mr. President and Members of the E. M. Society:*—I hereby report a case in practice. A woman, 35 years of age; married the second time; the first husband, a worthless fellow, so she reports, gave her the syphilis. She separated from him and went to the Female Hospital, and was finally, as she sup-

posed, cured. This was two and a half years ago. Since then she has had occasionally a slight eruption, but nothing of any note. She married again about six months ago. She got along very well until six weeks since, when she had a small sore to appear on the sole of her right foot, caused, as she thought, by a peg in her shoe. After applying several household remedies without relief, she went to a physician, who prescribed for her both externally and internally, but still the ulcer grew larger and more painful. She had also severe pain in the temples for the last two weeks. She sent for me on the fourth of this month. I diagnosed the ulcer as syphilitic, produced at that point by local causes. The ulcer measures half inch wide by three-fourths inch long, and at least one-fourth inch deep. Gave internally: R. Fl. ex. berberis aq.; fl. ex. rumex crispus; fl. ex. cascara sag. Her general condition very much improved; head aches, but not so severe; the ulcer is not so angry looking, but not changed to any degree. Used externally: iodoform and hydrastis, aa, till yesterday, the twelfth; I filled the ulcer with pulv. boracic acid. Am I correct in my diagnosis? What is the trouble, and what ought I to do?

JOHN ALLEN, M. D.

A SLEEVE-BUTTON IN THE LUNGS.—*To the Eclectic Medical Society of St. Louis, Mo.*:—GENTLEMEN: I have the honor to report a case which, at the time it occurred, was to me of special interest. A young man, a baker by trade, aged twenty-seven years, a stout, hearty, robust man, five feet four inches high, was taken suddenly with symptoms of pneumonia; the upper portion of the right lung was hepatized completely, and in a few days purulent infiltration present and fever high. The symptoms lasting several days, profuse expectoration came on. The patient made a good recovery and left his bed after a three weeks' siege, but it still left a marked irritation in the lung, and a hoarse cough which continued for about three weeks. Expectoration now ceased, but still he complained of trouble in a particular part of the lung, which I had designated previously as being the spot that was affected. I gave him an expectorant mixture, he came back in three days. Said he "felt better after coughing up this," handing me an ivory collar-button which had been gilded on the top; the gilt had more than two-thirds disappeared, having been acted upon by the fluids which had been in the bronchial tubes. After having coughed up this obstruction in the

lungs, he made good recovery and is now working at his trade in Cairo, Ill.

E. J. WILLIAMSON, M. D.

A BOOM NOT TO BE DESPISED.—*Esteemed Professor Younkin*:—My "Postal Brief" on this occasion will be to "Boom" the JOURNAL; not that I think it is in any particular need of one, but as I always make it a principle to try and do good in return for "good received," I feel that I ought to do a "little something" for the AMERICAN MEDICAL JOURNAL. Enclosed please find three dollars; two of which are for my own subscription for the ensuing year, and the other dollar for the JOURNAL for 1888, for the graduate at the coming commencement of the American Medical College who has the highest grade in "Materia Medica." Intrinsically it is not worth the while of any student to strive for the "Prize," as there would be very little glory achieved in carrying off a prize that cost but a dollar or two. But if those who are willing to try for it only knew what a store of *valuable* knowledge they may secure in one year's reading of the JOURNAL, and are as eager to perfect themselves in their chosen profession as I believe they are, I am satisfied that there will be as hard fought battle to secure it as if it were of twenty times its value intrinsically. Furthermore, I will say that I hope the "lucky man" who wins the "Prize" will enjoy the reading of the JOURNAL as much as I have, and will gain as much general information from it as I have; and, if he does, he will *never* have cause to be anything but thankful that he carried off the "Prize" for standing highest in his class in "Materia Medica" on his graduating day. To show you in what estimation I hold the AMERICAN MEDICAL JOURNAL, I will say that I have been a subscriber to it for four years, and I am *not* satisfied to read each number as it comes out and then lay it aside for good, or let it go into the waste-basket (as many physicians are in the habit of doing with *other* medical journals), but I have had them nicely bound, and I *must* say, they are a *very* valuable addition to my library.

JAS. L. BRACKETT, M. D.

A CASE OF TYPHOID FEVER.—On August 28, 1887, I was called to attend W. B., aged 20 years, who had been treated for fourteen days by a colored physician without seeming benefit, the doctor of color regarding it a case of laziness. I found the patient suffering with fever, temperature 105°, muttering delirium, restless and sleepless nights. The abdomen tympanitic and the body covered with rose-



colored, lenticular spots. Diarrhoea and tenderness over the right iliac region; urine scanty and high colored, and in the course of the disease retention of urine. The tongue was dry, brown and trembling; cold sweats and an occasional bleeding at the nose; appetite gone, great prostration, picking of the bed clothes, and holding the forearm upwards with constant motion of the fingers, bed sores, etc. My treatment was: cold water to the head, an occasional sheet pack to the body, hot bricks to the feet and sides of the body, wine in tablespoonful doses, aromatic spirits of ammonia every two hours up to midnight, and from midnight till noon phosphoric acid 25 gtt., with muriatic acid 4 gtt. alternating. For the retention of urine, sweet spirits nitre; for the vomiting, bismuth sub. nit., creosote and nux vomica. To reduce the pulse, veratrum vir.; sweet oil to the cracked tongue and lips. The body was sponged with whisky and warm water.

On September the 5th the patient could sit up, and on the 9th he walked about the room. I think the greatest benefit was derived from the ammonia and the two acids. F. VON FRANKENSTEIN, M. D.

CHAPPED HANDS.—*Prof. E. Younkin.*—*Dear Sir:*—I will give your many readers my best recipe for chapped hands. R. Tr. myrrh, tr. tolu, glycerine, bay rum, aa 3 j. Mix.

The AMERICAN JOURNAL is a regular and welcome visitor. I have been a constant journal reader for a number of years and read as many as seven monthly periodicals. I have selected four which I will continue to read as long as I practice, and they are, viz., THE AMERICAN MEDICAL JOURNAL, The Medical Brief, The Eclectic Medical Journal and The Chicago Medical Times.

Respectfully Yours, A. S. GISH, M. D.

REGULAR.—*Prof. Younkin.*—*My Dear Dr.:*—I assert that a regularly graduated homeopathic physician, or a regularly qualified eclectic physician, is just as regular as a regularly graduated allopathic physician. Does any one assume to maintain that the word "regular" in the English language is synonymous with allopathy? If a patient's pulse is regular, would you call it an allopathic pulse? If the menstrual period occurs at regular intervals, should the person be said to menstruate allopathically? Shall the English language be so distorted to suit the whims of medical oppressors?

Respectfully, G. E. POTTER.

**SELECTIONS.**

**THE TREATMENT OF THE SAC IN  
STRANGULATED HERNIA.**

BY JOHN POLAND, F. R. C. S.

A consideration of the relative value of the various modes of procedure in dealing with the sac in operations for *strangulated* hernia is of the greatest practical importance at the present time. In the first place, no new method of operation is here proposed; we shall merely deal with several courses which have now been fairly extensively practised, and which should lead us at once to establish rules for our guidance in these cases. These improved methods have been formed principally on the experience we have recently gained in surgical interference with the peritoneum. While Surgical Registrar at Guy's Hospital, opportunities were afforded the writer of witnessing a considerable number of these operations and their results. The conclusions drawn from them undoubtedly all tended towards the same point. Secondly, these different modes of dealing with the sac, will be treated in detail—with their several advantages and disadvantages, and the data each affords for adopting certain rules.

From the experience of late years in dealing with the abdominal cavity, the importance that was formerly attached to leaving the sac alone no longer holds good; nay, as we shall see, it is even unadvisable; and this can be stated as true even in the most simple cases, where the intestine has been reduced after external division of the structure. The most dangerous element in strangulated hernia is now universally recognised to be the condition of the intestine or other contents of the sac. We shall thus readily understand why the sac should in all cases without exception be opened. Of course, the customary rule is to open it in cases of long-standing strangulation and where omentum is present. It necessarily follows from this, and is a practical point of very great moment, that *only the slightest taxis is permissible* in attempts at reduction of the bowel before operation.

There are no dangers now arising from wounds of the peritoneum to counterbalance such as might occur in prolonged or violent taxis, bruising of the bowel, extravasation from ulceration, etc. And there

is this further reason: surgeons now make some slight addition to the usual operation of herniotomy, tending to a radical cure,—an addition in many cases that adds in no way to the risk of the operation. These new conditions, especially the latter, will, as pointed out by Sir William MacCormac in his opening address on Surgery before the British Medical Association at Belfast, 1884, induce surgeons to interfere surgically in cases where the symptoms of strangulation or incarceration are very mild.

As to the *modes of dealing with the sac* we have these—

1. Leaving it alone without fastening it up in any way.
2. Union of margins of sac with catgut, and skin united over it.
3. Torsion of sac.
4. Ligature of neck with excision of sac.
5. Ligature of neck of sac without excision.

1. Leaving the sac alone, whether it has been opened or not, is the course usually set forth in our systematic works on Surgery. In Mr. Birkett's article on *Hernia* in the last edition of *Holmes' System of Surgery*, no mention is made of any other course. Sometimes the sac was plugged by the introduction of substance into it. The orifice of the hernial sac was often left to be plugged merely by a mass of omentum. This must in a very large number of cases have been but imperfectly accomplished.

We now know from the experience of the ovariologists how important it is that the peritoneal cavity should be carefully and effectually closed by bringing the peritoneal surfaces into close contact. Why the peritoneum should be treated in a different manner in hernia it is difficult to understand. This reasoning alone should be sufficient to condemn the old course of treatment in uncomplicated cases.

2. Union of the margins of the sac by means of catgut sutures, the skin being united over this, is certainly a step in the right direction, by closing the peritoneal cavity and preventing extension of suppuration from the wound into its interior. It is far inferior in many respects to the methods to be described, but is applicable in certain cases,—for instance, in old strangulated umbilical or other hernias where the sac is firmly adherent to the skin, in very large hernial sacs, and in cases where the intestines are closely adherent to the sac.

3. Torsion of the sac was recommended in 1884 for the radical

cure of hernia by Dr. C. B. Ball, of Dublin, at the meeting of the British Medical Association. He recommends the separation of the sac from the surrounding tissues; the sac to be then grasped with a clamp forceps high up and several half-turns given; a catgut ligature then to be applied tightly round the neck.

The two special advantages which he claims for the operation are these: (1) a higher and thus more perfect closure of the peritoneum that can be obtained by ligature; (2) the twisting has the effect of tightening and throwing into ridges the peritoneum for a considerable area surrounding the abdominal opening. This he believes to be a matter of great importance, and we must remember, as Lawrence pointed out many years ago, that one of the most fertile predisposing causes of hernia is an abnormal laxity and fulness of the peritoneum in the neighbourhood of the hernial opening. Dr. Ball has adopted torsion of the sac in only one case of strangulated hernia—a femoral.

This method would be applicable in a few cases of longstanding hernia with wide orifices and where there is very great obesity; otherwise it does not appear to have any advantages in the cases we are considering over the method following.

4. Ligature of the neck of the sac, as high up as possible, with excision of the sac. This was first advocated on the Continent by Czerny, and is now extensively practised both there and in this country, but more especially by the Liverpool surgeons. Directly the strangulated bowel has been reduced—after division of the stricture—the empty sac is separated by the fingers and forceps from the surrounding tissues and a stout catgut ligature applied to the neck as high up as possible. The sac is then cut away by scissors below the ligature and removed, and the wound closed in the usual way. This separation of the sac from the surrounding tissues is accomplished with the greatest ease in all cases of recent origin and in cases of femoral hernia.

The cellular tissue being but little disturbed, there is often no supuration, and the wound unites by primary union. The peritoneum is completely closed by the ligature, bringing the surfaces into contact, besides causing a good deal of drawing together of the loose folds in the neighborhood. The site of the hernial orifice is thus sealed over in a few hours with lymph. In this manner no risk whatever is added to the operation.

The following case exemplifies well this class of disease: The writer saw, with Drs. Hearnden and Atkins, of Sutton, a woman aged thirty-five, with a femoral hernia on the right side. She had worn a truss for some years, but had left it off of late. The rupture had come down twenty-eight hours before and symptoms of strangulation had existed from that time. Taxis having been applied some hours previously, we decided to operate after taxis had been again gently applied for a few seconds. The sac was opened in the usual manner and the stricture divided. A small knuckle of intestine of a purple colour and coated with lymph was returned into the abdomen; the sac then stripped from the surrounding tissues, its neck ligatured with catgut, and cut away with scissors below the ligature. The carbolic spray was not used, but every precaution for cleanliness was taken and the wound dressed with iodoform lint, a drainage tube being inserted into the lower end of the wound. The wound was dressed twice only, on the second and again on the fifth day, primary union taking place throughout almost the whole of the wound. The temperature rose to  $100.2^{\circ}$  on the evening of the operation; this was the highest recorded. The patient recovered without any bad symptoms whatever.

In other hernias of older date, the separation cannot be effected without considerable difficulty, and might lead, if not carefully performed, to extensive sloughing and suppuration of the cellular tissue.

This operation is therefore inadvisable for hernia of large size or for those of long standing. The writer has seen profuse suppuration of the wound take place after excision of one of these old sacs and also in some other cases, yet in none of them was there the slightest indication of septic peritonitis. The peritoneum is shut off from the wound in the space of a few hours, and this soon renders it impossible for suppuration, however extensive, to pass into the abdominal cavity.

This closure of the neck of the sac has another great advantage; it effectually prevents all hæmorrhage from the wound into the peritoneal cavity and its possible septic influence on this cavity.

The more remote benefits from this mode of dealing with the sac are as follows: (1) It holds out a great hope of permanent cure, not only in restoring the patient to a more normal condition, not only by removing a more or less perfect track along which a portion of

intestine might again descend, this track being in fact composed of morbid and useless tissues, but also in producing a radiating puckering of the peritoneum round the hernial orifice and closing the orifice itself by dense cicatricial tissue, and thereby tending to prevent yielding again at this spot. (2) We do away with an indurated thickened mass which often exists where the sac has been allowed to remain untouched, and hence the more perfect fitting of a truss subsequently and increased comfort to the patient. In cases where the opening is large the pillars of the ring may be brought together by sutures without adding to the risk of the operation.

This mode of treatment, it is scarcely necessary to say, is prohibited in cases of gangrene, ulceration and extravasation of fæces, dense adhesion of intestines to sac, etc.

5. Ligature of sac without excision, or, as recommended by Sir Wm. MacCormac, with partial excision,—that is, removal of a ringlike process of the serous membrane from the neck. This may be performed in large inguinal hernias and in the congenital form—the latter only in younger life. In adults the sac is too intimately connected with the cord to permit of even this partial removal.

It is questionable whether this operation, more especially Sir Wm. MacCormac's method, is justifiable in these cases without the strict use of Lister's antiseptic precautions.

As regards other cases besides these mentioned, ligature without excision has no advantages over ligature with excision.

In conclusion, we may sum up briefly the advantages gained by *ligature of neck with excision of sac* in certain cases of strangulated hernia indicated above :

*Immediate—*

(1) In many cases it does not add in any way to the risk of operation.

(2) It shuts off the peritoneal cavity in a few hours.

(3) It prevents hæmorrhage into abdomen.

(4) It prevents septic peritonitis.

*More remote—*

(5) It promotes tendency to radical cure.

(6) It leads to more perfect adjustment of truss and comfort of patient.

The writer has before him a specimen of healed femoral hernia

with the operation wound also healed, taken from a patient aged seventy-one, on whom Mr. Clement Lucas performed herniotomy with excision of the sac for strangulation. The patient died on the seventh day after operation from acute pleurisy and capillary bronchitis. The specimen illustrates very beautifully the result of the method of treatment by excision of sac with ligature of neck in a *recent* hernia. Closure of the peritoneal aspect of the hernial aperture is seen to be perfect, no trace of a depression being visible here; it is quite smooth with a slightly radiated appearance. There is primary union of the surface wound.—*Practitioner.*

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### PHYSICIANS RESPONSIBILITIES.

In a lecture before the Alumni Association of the Philadelphia College of Pharmacy, Prof. John J. Reece, M. D., said: Let us look for a few moments at some of these responsibilities. One of the obligations of the physician is certainly not that of a compulsory or promiscuous attendance upon the sick; he may undoubtedly either accept or decline any particular call for his services as he may choose. But having once accepted and commenced the treatment of the case, he must continue in attendance upon it to the end, unless he be discharged, or unless he gives timely notice of his intention to withdraw, so that another practitioner may take his place. The simple idea is—and it is a perfectly just one—that the sick person shall not suffer through the carelessness or negligence of his medical attendant. The relation between the physician and the patient partakes somewhat of the nature of a contract, though not avowed by such; consequently an abrupt relinquishment of the case without proper notification would be a breach of contract, and would be liable as such. But there is one point in connection with the relation between the physician and the patient which should never be overlooked. In ordinary cases of sickness or injury there is, as we have just seen, only an implied or general contract—not a special one. The physician does not guarantee a cure; he does not become an insurer. Nor does the surgeon, when treating a broken leg or a dislocated joint, guarantee that there will be no shortening or deformity of the limb. The important truth should never be lost sight of. But if the practitioner should be so indiscreet as to enter into a special contract to perform a cure, let him remember that he will be held strict-

ly to its terms, just as in any other contract; nor will he be allowed in case of its non-fulfillment, to plead circumstances which, under ordinary conditions, might exonerate him from blame. Take an illustration. Suppose a surgeon should foolishly contract to cure a patient of an abdominal tumor by an operation. He removes the tumor with apparent success, but, in consequence of the operation, a fatal peritonitis sets in and the patient, instead of being cured, is killed.

Now, in such a case, the surgeon is justly liable for heavy damages for failure of his contract, since he ought to have been fully aware of all the possible consequences of such an operation upon the human body. If he was not aware of these consequences, his ignorance would be no excuse in the eye of the law; his fault and folly was in making such a contract at all. Again, in a case of special contract between a physician and patient, if there be no cure the former cannot recover his fee, since there has been a failure on his part to comply with the terms of his contract.—*Phar. Rec.*

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### *MEDICAL AND SURGICAL ITEMS.*

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**CHROMIC ACID IN ULCER OF THE TONGUE.**—J. Paget advised the use of a concentrated solution of chromic acid in psoriasis of the tongue. Butlin used a solution (0.5 to 100) by means of a brush in the different varieties of ulcer of the same organ. The effect of chromic acid in secondary syphilitic ulceration was highly satisfactory, while the rhagades of the tertiary stage healed very kindly.—*Wiener Med. Blät.*

**PHARYNGITIS.**—Two grains of the chloride of ammonium, combined with ten or fifteen minims of the tincture of cubebs, given every half hour, oftentimes controls acute pharyngitis and superficial inflammations of the other tissues about the throat. For inflammation of the throat dependent upon a gouty diathesis, add to this mixture ten minims of ammoniated tincture of guaiac, and administer every hour. (Dr. A. A. Smith.)—*Med. Record.*

**SUGAR IN THE URINE.**—Dr. F. W. Pavy says: Medical men are often concerned over the specific gravity of the urine. The patient may have been put under treatment, but still the specific gra-



vity keeps up to 1032 or 1035, although the urine is free from sugar. Under these circumstances I say to the medical practitioner, do not concern yourself with the specific gravity. If the urine is free from sugar, the high specific gravity is a favorable sign, as showing that the kidneys are equal to the good work.

If the kidneys are diseased, there would be a low specific gravity. The high specific gravity may be kept up by the passage of only a limited quantity of water, and by the nitrogenous diet which the patient is taking adding to the elimination of urea.

On the other hand a low specific gravity may sometimes be met with where there is a considerable quantity of sugar in the urine. I have met with a specific gravity of 1009 or 1010 and yet the urine contained a considerable quantity of sugar. These have been mixed cases of diabetes insipidus and diabetes melitus. They are proved to be mixed cases, by the fact that, when the patient is put under proper diabetic treatment, the sugar disappears but the quantity of urine keeps up. I myself do not attach so much importance to the specific gravity as is done by certain medical men.—*Epitome.*

PARSON'S LOCAL ANÆSTHETIC.—The venerable Dr. Parsons, in sending this formula for publication, says: "I cannot expect to remain much longer in this world, and I want the profession to know the value of this local anæsthetic." R. Chloroform 12 parts, tinct. aconite 12 parts, tinct. capsicum 4 parts, tinct. pyrethrum 2 parts, oil cloves 2 parts, camphor 2 parts. Dissolve the camphor in the chloroform, then add oil of cloves, and then the tinctures.—*Southern Dental Journal.*

PHOSPHATE OF LIME IN PHTHISIS.—Roberty reports the results of his experience in the use of phosphate of lime in the sweats of phthysical patients, and cites numerous observations by other authors besides his own. The causes of the action of this drug cannot, according to the author, be explained, although there can be no doubt that it exerts a special action on the secretions. Phosphate of lime, in addition to its incontestable efficiency, possesses the valuable qualities of being non-toxic, of being easily administered and well tolerated, of stimulating nutrition, and preventing diarrhœa.—*Theorie de Paris.*

"PHENO FER." (Syrup of Phenated Iron.)—This preparation is a combination of phenic acid and iron discovered by Declat in 1886.

It is claimed to be a superior remedy in the treatment of anemia, chlorosis, neurosis, scrofula and consumption. Its administration is based upon the theory that the phenic acid is destructive to microbes, hence used in diseases of microbian origin, while the iron enriches the blood globules during digestion and assimilation.

The iron thus incorporated into the system, so to speak, in its nascent state, is supported even by those who cannot tolerate any other ferruginous preparation.

The effect is rapid; it is felt long before the first bottle has been entirely consumed.

Being a very powerful tonic, it is very useful in cases of leucorrhœa, obstinate runnings, too abundant or retarded menstruation.

"Pheno Fer" restores the appetite, and should be taken with the meals two or three times daily. Dose: For adults, a tablespoonful; and for children under twelve years a dessertspoonful; and for children of from six months to three years a teaspoonful.

Other salts of iron furnish only iron, while the "Pheno Fer" furnishes phenic acid and iron, and exercises a double function, the former destroying the cause of the disease, while the latter furnishes at the same time a recuperative and indispensable element for the reproduction and multiplication of the blood globules.

**GRANULAR LIDS.**—Dr. Arnoux claims to have met with great success in the treatment of granular lids by the following simple method: The lid is everted and wiped dry with a piece of blotting-paper. The granulations are then touched very lightly with a crystal of sulphate of copper, and immediately after a smooth cylinder of zinc is passed over them. Then the conjunctiva is carefully dried again, and, as far as possible, the impalpable black powder, which remains after the operation, is removed. The lid is then replaced, but not allowed to touch the ball of the eye for a minute or two. No subsequent cold applications are necessary, as there is little reaction if the operation be delicately performed.—*Gazetta Medica di Roma*.

**CORNEAL OPACITIES—SULPH. CADMIUM.**—Dr. Michel recommends sulphate of cadmium, of the strength of two and a half grains to the ounce of mucilage, as an application to opacities of the cornea. A camel's-hair brush, dipped in this wash, is applied to the centre of the spot and retained in contact with it for a few seconds.

At first the application is made once a day, but after a while is repeated two or three times in the twenty-four hours. When the pain grows less, the strength of the solution may be increased to five grains or even seven grains to the ounce. When the opacity is of recent formation it rapidly disappears under this treatment, but when it is of old date the applications must be long continued.—*Revue Méd.—Med. Record.*

**GANGLION.**—Marmaduke Shield, in the *Practitioner*, says that a ganglion is readily cured by cutting across the cyst subcutaneously, with a perfectly clean tenotomy knife, applying an accurately fitting piece of sheet lead and over that a bandage. We have cured probably fifty cases by simply making a minute incision into the cyst, completely evacuating the contents, closing the opening with court plaster, and applying a compress and firm bandage. Absolute cleanliness is essential in this little operation. In a few days the seat of the ganglion is noticed to be swollen to nearly its original size. This is from lymph exudation, which is soon absorbed. A relapse takes place in probably twenty per cent, but we never knew a second operation to fail.

**SUPPURATIVE PERITONITIS TREATED BY ABDOMINAL SECTION.**—Tait, in his last address before the British Gynecological Society, gives his opinion in no uncertain tone: "I have now come deliberately to the opinion," he says, "that it is an act of criminal omission to allow a case of peritonitis to die without abdominal section." Anyone who has seen the abdominal cavity of a patient dead from peritoneal suppuration must feel that he is right. It is all but impossible that such a case should recover when left to nature; and there is no reason why the old rule, and the good rule, to evacuate pus wherever it may form, and as early as possible, should not be observed here. We recall a case in which the abdominal cavity of a child was enormously distended with pus, the result of peritonitis, produced by some unknown cause. The peritoneum in those days was more respected than now, and we hesitated to interfere. Finally, the pus was evacuated by a spontaneous opening in the region of the navel, and the child recovered. This, then, is nature's way of curing an abscess of the peritoneum—an abscess of the pleural sac—an abscess anywhere.—*Southern Cal. Practitioner.*

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E. YOUNKIN, M. D.,

EDITOR AND PUBLISHER.

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## SPECIAL CONTRIBUTORS:

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## EDITORIAL.

### ECLECTICISM THE DIVINE MODE OF ACTION.

"Mortals, would'st thou learn a part

To act thy whole life through?

First, teach thy conscience, mind and heart,

And then—let *them* teach *you*.

Learn what is loveliest, holiest, best—

That do—and leave to heaven the rest."

When the Greeks expressed the thought, *to pick out* or *to choose out*,  
they used the word *eklegein*; when they expressed the thought of  
choosing in the past tense, as, *hath chosen*, they used *eklegomai*; and  
for the thing chosen, they employed *eklekton*.

The word *eclectic* is derived from the Greek *ek*, out or from, and *legein* to choose.

When God made man he gave him, as the prime factor of his being, the right to choose. Man was made a free moral agent. That which man had the ability to do for himself, or that which was possible for him to gain, God did not do for him.

Making man a free moral agent, having the right to choose, it became necessary to place before him a right way and a wrong way. Do this and you shall live, do that and you shall die. The ability to do, man possessed, but life and death were questions of choice. Here then was an eclecticism; on the one hand, promises of life, hope and happiness; on the other, dreadful and dire consequences; with it all, most fearful responsibilities. The destiny of man rested on the proper exercise of his own judgment; right action would raise him to the proudest eminence in the scale of animal creation, and the wrong action would level him with the beasts that roamed the forest.

The first happy pair in the garden of Eden were eclectics, but they lost their first estate because of the wrong choosing. Notwithstanding all this, the principles of action were divine and the right of choosing was never charged, and from that day to this the Almighty has suspended the destinies of men and nations on right doing.

We can imagine how man could have been differently constituted; we can see how this responsibility of choosing could have been kept from him; how he could have been moved rather than the mover; how he could have been merely automatic in his action. This would have lightened his burdens and lessened his responsibilities, but it would also have lowered him in the scale of his being. It must, however, be admitted that man has two modes of action: the one through the exercise of his will and judgment, the other by a mere passivity and automatism; the former is the superior because it emanates from the will and intellect of man, the other inferior because it has no special use for the individual mind and rests upon the will and power of another. The former makes man the architect of his own fortune, the latter deprives him of the God-given right—his own discretion and power.

Adam may have moved automatically. "The woman gave me

and I did eat," but it lessened not his responsibility, for he had a brain of his own and it was an act in which his own judgment was required.

The principle of action in the divine economy is, "He that knoweth his Master's will and doeth it not, shall be beaten with many stripes; he that knoweth it not shall be beaten with a few stripes." This is perfectly natural; the school-boy that knows his teacher's will and disobeys, shall be beaten with many stripes; and the boy that don't know, gets whipped for not learning.

Right is the standard of action, and when man does the right the act places him in the divine path, and the thing done crowns him with honors; the wrong done reflects upon him the results because of his individual responsibilities.

There are but few instances where intelligent beings are taken from the sphere of choosing, and when this has been done, God has superintended the work himself and used man, as the potter his clay, to carry out his own designs. God said to Abraham, "Get thee out of thy country, and from thy kindred, and from thy father's house unto a land that I will show thee," and Abraham "went out not knowing whither."

It is said also that the apostles spoke with other tongues, as the Spirit gave them utterance. In these instances man was simply the instrument, guided by the divine judgment. It was God's part of His own work, but when the blessings were received therefrom, they were based upon choosing and obedience. Those who obeyed from the heart, became an organized body, and were afterwards referred to as: "Ye are an eclectic generation, a royal priesthood, a holy nation, a peculiar people." Here the word in the original is *eklekton*, and is translated chosen and may properly be rendered eclectic.

Now this is a brief resumé of the divine economy of redemption; enough to show that the Almighty carries out His designs on the principles of eclecticism. From the facts before us we can safely draw the following conclusions:

1. That the principles of eclecticism are immutable and divine.
2. That man has the right of choice by the exercise of his own judgment.
3. That the thing chosen may be either the right or the wrong according to the ability and exercise of man's judgment.

4. That good choosing depends upon the thing chosen, and this upon the amount of knowledge and extent of education.

If these facts hold good in the divine work and in the ordinary affairs of life, why not in the profession of medicine? It was a good thing that Adam was thus constituted, but it was a bad judgment for him to swallow the pill that brought death. It don't matter whether this was an allopathic pill, a homœopathic pill or an eclectic pill; it was a bad pill. Where there are two ways there are always questions of opinion. Opinions, however, cannot change the right. The right is the safe path because it is divine. The science of anatomy is a unit, on this there is no choice. It is therefore accepted by all. On this we go out not knowing whither, but our faith in the certainty of that science leads us aright. So it is of physiology, chemistry and other sciences appertaining to medicine, except materia medica and therapeutics. Materia medica and therapeutics is the garden of Eden. In it we are placed; choose this and you shall live, select that and you shall die. This law in medicine is just as imperative now as it was with Adam in the garden. All schools of medicine are in this garden, and all of necessity are under this law, but many, Adam-like, make the wrong choice or, acting automatically, bring ruin and death.

Whatever hate a man may have for eclecticism, it must be used in materia medica and therapeutics. We cannot escape it, and when once enlightened we cannot get away from it.

The medical schools of to-day are all pleading for a higher standard of medical education. Never was there an omen more promising than this. Every eclectic should hail this with delight. The more education the greater the responsibilities and the better the choosing. A knowledge of the science of zoology chased the krakens, phenixes and vampires from the animal kingdom. A knowledge of the science of astronomy swept the pestilential and war-portending comets, and all the terrors and follies of old astrology, from the skies. A knowledge of chemistry has made the notion of charms, universal remedies and the philosopher's stone, ridiculous and contemptible; and so will a better education bury into eternal night many of the foolish notions of bigotry, superstition and intolerance that prevail in medicine. The more intellect we can get into the profession of medicine the better choosing we will have, hence the

better the eclecticism. To this all are tending. Good eclecticism has for its basis a keen perception, a good education, and a sound judgment ; and, *vice versa*, the sounder the judgment the more education, and the keener the perception the better the eclecticism. It is said that a man will exercise his judgment in the common affairs of life, but when he comes to his religion he prefers to have his minister think for him. Where ignorance is bliss it is folly to be wise ; but this rule don't work in medicine, at least that branch of it we call eclecticism.

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### COMMENTS ON OUR ORIGINAL ARTICLES.

As a whole, we think we present quite an array of original matter, and we hope that we shall be able to continue through the year as we have started.

1. HYDROCHLORATE OF AMMONIA.—Dr. Covert gives us an article on this subject worthy of much consideration. There is no doubt but this drug has been much neglected. My mind has been recalled to the use I made of it years ago. It served my purpose well in cases of acnæ, used internally and locally. I regard it an excellent remedy combined with other alteratives in affections of the skin, strumous and tuberculous conditions. Externally applied in solution in contusions, indolent tumors, chronic ophthalmia, sprains and erysipelatous affections ; as a gargle in inflamed and ulcerated sore throat, it is a good remedy. I had, however, almost forgotten it, as other remedies have, of recent years, engaged my attention.

2. UNION OF PHYSICIANS.—Dr. Atkinson makes some good points on this subject. Our efforts in this regard have been very highly commended by a number of physicians of different schools. One of my allopathic neighbors took me by the hand saying : "Doctor, I must congratulate you on your effort in favor of union ; I say to you, go on and let us have more of it." A correspondent of the *New York Medical Times*, writing upon the subject, says : "It is evident that the time will never come when all old school practitioners will call themselves homœopathists, and it is equally true that, as at present constituted, the old school will never absorb the new. The reason for this is that each school contains a part of the truth, and it is only when brought together that these parts are seen to be complementary, and that taken thus they indicate the true path to a



scientific conception of therapeutics." In this, the part the eclectics are to play is simply to hold the sack while the rest are engaged in driving in the snipes.

The above writer further says: "I am bound by no creed, but glean from the general field of medicine, and because of this fact am entitled to be known as a physician in the broadest sense of the term." But, "in consequence of the present attitude of the schools," says the writer, "I am forced to be known as a homœopath." Such is the sentiment of thousands of physicians to-day—forced to take position with allopathy and homœopathy, not apprized of the fact that there is a school planted directly upon the above basis. Just hold still, brethren; it may take a long time, but eclectics are standing upon a basis that cannot be moved.

The editor of the *Times* concludes by saying, that there is a natural shyness on the part of members of both schools toward the proposition of union, and suggests that a meeting be called in "The American Institute of Medicine," in New York, perhaps in January, at which the first step could be taken to create a new society on the proper basis of union. We say, let this movement move.

3. **PATHEISM.**—Our first articles on this subject have created considerable interest; specimen copies containing our articles have been called for, until they are nearly exhausted. A discussion upon such subjects is liable to drift into side issues, as many feel that their pet theories are encroached upon. That power of the human mind is a wonderful thing. We know not the extent of that power, neither can we fully understand its mysterious revelations. But what we know of pathetism helps us materially in understanding much that would be otherwise mysterious. Mind may be material, but in some way it is immortal. It lives, and lives on throughout the cycles of time, if not in eternity. Its study is too much neglected by medical men, its power too much ignored in the treatment of disease.

4. **OPIUM.**—We commend Dr. Biles' article on this subject. His treatment of opium poisoning may be a little on the theory of curing the bite by giving the hair of the same dog; but the theory may be a good one nevertheless. It is said that a tippler can taper off better by letting himself down, by slow degrees, in small doses of that which boosted him up.

5. **A CASE IN PRACTICE.**—Dr. Allen gives a case of ulcer of the

sole of the foot with a syphilitic history, and asks, "Am I correct in the diagnosis." In the discussion on the subject, I raised the question whether many cases of tertiary syphilis, treated with mercury, might not be *hydrargyriasis*—a disease induced by the use of mercury? So far as my experience goes, the tertiary forms of syphilis seldom present in those cases that have been treated without mercury, and that individuals with syphilis once treated with mercury are harder to cure than those who have been treated without it. That mercury may suppress the disease, but does not eliminate the virus; besides its long continued course, such as would be required in syphilis, is liable to leave its own effects on the organs of the body, and thus involve a patient in a disease equal to syphilis.

6. Dr. Potter in his "Postal Brief" asks: "Does any one assume to maintain that the word "regular" in the English language is synonymous with "allopathy?" No, our allopathic neighbors want to suppress the word allopathy. Once they treated disease on that philosophy, but there are but few now who aim to set up a new disease to counteract the old. They prefer now to be regular. "If a patient's pulse is regular, would you call it an allopathic pulse?" No, we would call it a regular pulse; no matter if it was an eclectic's pulse, a homoeopath's pulse, or an old school pulse; it would be a regular pulse. "If the menstrual period occurs at regular intervals, should the person be said to menstruate allopathically?" No, she menstruates regularly. It don't matter who she is, she is a regular if she is regular. She don't have to believe in allopathy to be regular; she might believe in homoeopathy or eclecticism and be just as regular. If you, doctor, eat and sleep regularly, are you an allopath? If your pulse is regular, are you an allopath? And whether you menstruate or not, you can be a regular allopath, a regular homoeopath, or a regular eclectic. There is a good deal of good sense in regular, when you come to look at it aright.

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### STRYCHNIA AND ITS USES.

A proper knowledge of the action of *nux vomica*, and its preparations, gives us a very useful remedy in many cases.

The diseases in which I have found strychnia of much benefit, are those where, from some cause or other, the nervous system is not as vigorous as it should be—where there is a want of tone—in short,

a functional derangement; whilst in lesions of the *nervous centres* its employment is always injurious.

In every form of dyspepsia not arising from organic lesion, its use will be found advantageous, especially in dyspepsia of literary men, lawyers and scholars when accompanied with constipation.

In lassitude and want of tone in muscular fibre, nux and its preparations will be of the greatest value.

In chlorosis its efficacy is manifested. Chlorosis is usually ranked with blood diseases, but, strictly speaking, it is a disease of impaired innervation. The blood discs are deficient, it is true, but this condition is due to defective assimilation, primarily from an imperfect nervous function, the cause of which may be traced to strong mental emotion, a sudden fright, or sudden unexpected sorrow.

If a case of this kind is treated with chalybeates only, but little progress will be made.

The iron, so much needed by the system, will be given in vain, the absorbents fail to appropriate it, and it passes off by the bowels, increasing perhaps the constipation already present; to remedy this it is customary to administer aloes and other cathartics, in heroic doses, thus increasing debility and placing the patient in a worse condition than before. Let, however, the iron be combined with quinia, and improvement takes place. Why? Because quinia acts on the nervous system; but if for quinia you substitute strychnia, the effect will be truly surprising. The combination of strychnia will also lessen the excitability which manifests itself under so many and varied forms in this disease, and will correct that lassitude so commonly present.

Indeed, in most all cases where iron is indicated, strychnia will be found as an essential accompaniment.

In erysipelas and dipttheria, where the tincture muriate of iron is so much thought of, I find strychnia one of the best agents that can be employed. If I have a case of obstinate skin eruption, I combine in some form or other strychnia. It is a good plan to have some formula of strychnia of uniform strength, so that it can be determined as to the amount given in a short calculation. The solution of Hall's, or King's (see American Dispensatory for the latter), is an excellent preparation; King's solution contains one-eighth of a grain of strychnia to the drachm. (He says two drachms contains one-

eighth, which is a mistake.) I find in the most of cases small doses are the best, say five or eight drops, combined with the tincture muriate of iron, which may be repeated every two or three hours.

In cases of convulsions and paralysis produced by central lesions, we believe strychnia is absolutely injurious; but when such conditions arise from reflex conditions, it is given with benefit. This may be due to the fact that the action of the drug is capable of producing a hyperæmia of the brain and cord, though this theory has not been well established. In many of the older cases reported, marked hyperæmia of the brain was stated to have been found, but in more recent cases very little stress is laid on this hyperæmia.

The numerous researches in animals all agree that strychnia acts directly upon the gray substance of the cerebro-spinal axis; where an isolated symptom indicates a single pathological lesion, strychnia may be the remedy for that lesion, but we may have a symptom common to several lesions, and it requires an assemblage of symptoms to determine the nature of the case. For instance, much stress has been placed on *nux vomica* as being the remedy for an umbilical pain. *Nux* is not a certain remedy for this symptom, because the umbilical pain does not indicate a uniform pathological condition.

### THE UTILIZATION OF ANTISEPTICS.

We often neglect the use of antiseptics because they do not happen to be in convenient form at the time of need. The following method I have found to be of practical utility.

1. *Bichloride of Mercury Solutions*.—R. Corrosive sublimate, gr. 232; muriate of ammonia, gr. xx.; aqua, ℥ j.; glycerine, ℥ iij. Rub the bichloride and ammonia together in a wedge-wood mortar, until thoroughly fine; then add the water, after this the glycerine. The ammonia is simply added to produce greater solubility of the mercury. Keep in a bottle with the prescription pasted on. One drachm of this solution contains  $7\frac{1}{2}$  grains of the bichloride. One pint of water added to one drachm of this solution gives 1-1000. One drachm of the solution added to two pints gives 1-2000. One drachm to three pints gives 1-3000, etc. The 1-1000 solution may be used upon the skin preceding a surgical operation, and for washing the hands, towels, instruments, and to wash out the wound the first time after the operation. The 1-2000 is used in irrigating

and to rinse the sponges. The 1-5000 may be used as a vaginal wash and for abdominal operations.

2. *Boracic Acid*.—We have the crystals and the impalpable powder. A solution of boracic acid may be kept for general use. *R.* Boracic acid, cryst.,  $\mathfrak{z}$  jv.; thymol, pulvis., gr. x. Dissolve the boracic acid in a pint of boiling water. Dissolve the thymol in an ounce of alcohol, then mix the two and add glycerine  $\mathfrak{z}$  ij. This solution may be used with compresses on wounds and may be diluted by adding one to eight parts of water, according to the case. The impalpable powder I use in surgical operations by means of a pepper box, applying it with impunity. In the extirpation of tumors, I fill in the cavity and rub it into the walls of the cavity; I inlay gauze muslin with it and apply as a dressing.

3. *Oil of Cade*.—I regard this as an excellent dressing in surgical wounds. My method of using is as follows: I saturate cheese cloth with a mixture of one part of cade to three parts of pure olive oil, wringing out the gauze to dryness. A sheet or two of this over the wounds protects the parts and corrects all foul discharges. The adhesive process or the granulating process proceed nicely under its use.

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### PRACTICING BOTH WAYS.

*The New York Medical Times* for November, 1887, says editorially: The two greater so-called schools in medicine seem to be failing entirely in their duties to each other and to the public. There has been and is now a regular system of boycott going on in both of them toward such of their associates as dare to have opinions respecting ethics at variance with what these schools choose to dogmatically lay down as in their relations with one another.

In practice the great majority of both these bodies are in substantial accord so far as the use of therapeutic means is concerned: that is to say, all assert their willingness to adopt that means which will best subserve the interests of their patients.

In the old school class, many seem afraid to employ small doses, even when confident of their superiority, for fear of the homœopathic designation, and the homœopathic class fights shy of the large dose, even when absolutely called for, for fear that they may be termed allopaths. Both these sects are thus doing themselves and the public an injury, and all on account of the sectarian designation.

How much better it would be for both of these parties to come out honestly and squarely and admit that there are occasions when small doses would be best, and that there are other instances when the larger, even the largest, may be required, depending entirely upon the effects to be obtained, and the mode of selection will be easily admitted, as it will be determined also by the end desired. The old school undoubtedly seek to occupy the higher relative plane in the controversy by claiming to be free from sectarian designation, but still as a body it has a great responsibility at this juncture, and one that it should not shirk nor attempt to temporize with.

It is highly improper to use the expression "practising both ways," and if there were no sectarian designation there would be no opportunity to make such a statement.

A celebrated divine once said regarding the Christian science craze, of which he was supposed to be a supporter, after criticising some of their methods, remarked that he was not on the fence respecting it, but on both sides of the fence! In reply to the query of an auditor as to how a man could face both ways, he promptly replied that he "could look all around!"

So it should be respecting medicine, we ought to occupy a position in which we can *see all around*; and to do this successfully we must not be cramped, but free to examine all things and to hold fast to such as are found to be unquestionably good.

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### IS LOBELIA A POISON?

We learn from the Transactions of the National Association of Medical Herbalists of Great Britain, that the pharmaceutical council of that country introduced a bill to regulate the sale of poisons, in which they gave lobelia as a poison, and thus prohibited its general sale. The herbalists appealed to the Right Honorable Earl Spencer, K. G., for the repeal of this act. About 200 herbalists expressed the common opinion that lobelia was non-poisonous.

In our country very few people have been killed with lobelia, even in the indiscriminate use, or by unskilled hands, and it is well known that when a little too heavy a dose is given, it has the power of ejecting itself. Just what constitutes a poison may be a disputed question, as an overdose of bread and milk might, under certain conditions, kill. It does not, however, speak much for the intelligence of doctors or pharmacists to class lobelia as a poison.

**THE GOOD PHYSICIAN.**

The basis for a good physician is that of a good man to begin with. If a man is a rogue, a trickster, a thief, a liar, or in any way dishonest in his make-up, before he is educated as a physician, he will be the same afterwards. There is nothing to make a man better morally in medicine; there is nothing that should demoralize him that we know of, but medicine has but little to do in reforming the heart, conscience or character. If he is a rogue before he is educated a physician, he will be none the less rogue when crowned a doctor.

A good physician is a man of good judgment. Good sense is not all acquired, it must be inborn. Whatever medical education a man receives it, cannot entirely overcome deficiencies of intellect. Some men, with bright intellects naturally, succeed well with a meager stock of medical education, whilst on the other hand a fine literary and medical education with poor natural qualifications makes poor doctors.

A good physician is not indifferent and careless in his own personal and private affairs. He has respect to his own apparel and his own hygiene. If the doctor is dudsish, look out for him, he is intellectually defective. If he is careless of self, he will be short in his counsels in health and hygiene. If he is clumsy and drony, he will lack the necessary perceptive faculties essential to a good physician. A good physician minds his own business. A doctor that is always finding fault with his neighbors, is a quack himself. If he is in the habit of casting inuendos on ministers, or ridiculing good women, set him down as a bad man at heart. He is a libertine and perhaps an abortionist.

A good doctor cannot be hired to deviate from the path of professional rectitude. If he can be hired, he is not to be trusted. It is a bad sign to hear a doctor swear. It is a good sign to hear him tell how to keep well. It is a bad sign to see him loafing in a saloon; it is a good sign to see him reading in his office. It is a bad sign to see him out of humor or looking at another with an artificial strabismus; it is a good sign to see upon his brow rays of sunshine, and to have his presence quicken you with his sympathies. It is a good sign to see him mend a lock to his door, to lift a helping hand for the comfort of his patient, to turn and admire the flowers, to turn and cure another suffering with the toothache.

Has your physician made a good record? Is he sober and industrious? Is he moral and exemplary? Is he kind and humble? Is he truthful and honest? Then trust him.

### TENNESSEE STATE E. M. SOCIETY.

A circular "*To the Members of the Eclectic Medical Profession of Tennessee*" has reached us, calling upon the eclectics of that State to meet in annual session April 10th and 11th, 1888, in the hall of the Watkins Institute, Nashville, Tenn. Headquarters at the Nicholson House; rates, \$2.00 and 2.50 per day.

A strong appeal is made by R. A. Hicks, M. D., president, and W. H. Halbert, M. D., rec. secretary.

Every eclectic physician of the State should attend this meeting. It is just the time when a concerted action is needed in this State.

### BOOK NOTICES.

CYCLOPÆDIA OF OBSTETRICS AND GYNECOLOGY. 12 vols., price \$16.50. Published by William Wood & Co., N. Y.

The work is finished. We have received the entire number of this excellent Cyclopædia, and gave a notice of the volumes as they came from the press, except—Volume V., containing: GYNECOLOGICAL DIAGNOSIS; GENERAL GYNECOLOGIC THERAPEUSIS, by R. Chrobak, M. D., Professor of Gynecology at the University of Vienna; and ELECTRICITY IN GYNECOLOGY AND OBSTETRICS, by Egbert H. Grandin, M. D., Obstetric Surgeon to the N. Y. Maternity Hospital. With one hundred and sixty fine wood engravings.

Volume VIII., DISEASES OF THE OVARIES, by Dr. A. Olshausen, Professor of Obstetrics and Gynecology at the University of Halle. Thirty-six fine wood engravings.

Volume XI., containing: "STERILITY; DEVELOPMENTAL ANOMALIES OF THE UTERUS," by P. Müller, M. D., Professor of Obstetrics and Gynecology at the University of Berne; and "THE MENOPAUSE," by E. Börner, M. D., Professor of Obstetrics and Gynecology at the University of Graz. With fifty-nine fine wood engravings.

Volume XII., containing: DISEASES OF THE TUBES, LIGAMENTS, PELVIC PERITONEUM AND PELVIC CELLULAR TISSUE; EXTRA-UTERINE PREGNANCY, by L. Bandl, M. D., Professor of Obstetrics and Gynecology at the University of Prague; and, DISEASES OF THE EXTERNAL FEMALE GENITALS; LACERATIONS OF THE PERINEUM, by



P. Zweifel, M. D., of Erlangen. With one chromo-lithograph and eighty-eight fine wood engravings.

We have not the time at present to enter into anything like a critical review of this great work, but we take great pleasure in recommending to our readers these 12 volumes. The entire work is well written, systematically arranged, and every subject well illustrated with wood cuts. The publishing house, William Wood & Co., has done its work well.

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**AITKIN'S COMPLETE HAND BOOK OF TREATMENT**, arranged as an alphabetical index of diseases, edited with notes and additions, by A. D. Rockwell, A. M., M. D. Published by E. B. Treat, 771 Broadway, N. Y. Price \$2.75.

This is a book concise and comprehensive; it is so arranged that the practitioner can at once turn to the treatment of the disease he desires. The chapters are taken from the seventh (latest) edition of Aitkin's encyclopædic work on the science and practice of medicine.

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**THE PHYSICIAN'S VISITING LIST** (Lindsay & Blakiston) for 1888.

Thirty-seventh year, with many improvements. Strength, compactness, convenience and durability are the essential qualities which a good visiting list should possess to resist the unusual hard wear it receives. These qualities are all combined in Lindsay & Blakiston's Physician's Visiting List. It is the most convenient for the pocket. Its contents are arranged in the most advantageous way, including useful tables and specific information. By comparison with last year's edition, much that is new has been incorporated. So concisely, however, has it been put together, that this section occupies no more pages than formerly.

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**THE MEDICAL WORLD VISITING LIST.**

This visiting list is different from books of the kind usually. It is arranged in 12 removable tablets; one for each month in the year. They are easily taken from and replaced into the back; thus having but one tablet in the pocket at a time lessens its bulk. Each page is designed for the daily account for at least two patients. A debtor and creditor place with date and name. The object is to relieve physicians from carrying large, heavy lists, and the trouble of transferring items to a ledger, and to make his daily accounts legal by entering words instead of signs. Price \$1.50.

**NOTES AND PERSONALS.**

**SPECIMEN COPIES.**—Contributors to this JOURNAL often desire some neighbor or friend to read their article. If such contributor will send us the name and address of such persons we will gladly mail a copy to them free of charge; or, if it is desired, we will send a specified number to their own address.

**MAILING DAY.**—Hereafter this JOURNAL will be mailed on or about the *first* of each month. We have been accusomed to mailing it about the 25th of the previous month. We think the first of the month for which it is issued will be more satisfactory.

**RELIGION AND MEDICINE.**—If we keep on as we have been for the last two or three months, this JOURNAL may be entitled to the honor of being "the great religious medical monthly." We have no objections to a little of the "pure and undefiled" mixed in with medical matters, but we prefer that our correspondents avoid their peculiar religious dogmatisms and write more on "the final perseverance" of the physician.

**WANTED.**—The following numbers of the AMERICAN MEDICAL JOURNAL are wanted at this office: The November number of 1880; the September number of 1881; the whole volume of 1882; the May, June and July numbers of 1883; the August number of 1884. We will pay 25cts. for each number of the above, except the whole volume, for which we will pay \$2.00 unbound. Send us previous notice as only single copies are required.

Those desiring volumes 1885, 1886 and 1887 can receive them from us at \$2.00 per volume unbound, or \$2.50 bound. Only a limited number are on hand.

Subscribers lacking any number of 1887 and wishing to fill out, should apply at once. These will be sent free. Numbers previous to 1887, 25 cents will be charged for each number. Volumes of the JOURNAL in the hands of our subscribers will be bound for 75 cents, postage or express charges extra.

**GOLD MEDAL.**—A gold medal was awarded to Fairchild Bros. and Foster, New York, at The American Exhibition, London, for digestive ferments, extractum, pancreatis, peptonizing powders, pepsine in scales, elegant, reliable and convenient preparations for peptonizing food. .

**MARRIED.**—Dr. G. A. Rowe, of Buffalo, N. Y., formerly of St. Louis and professor of anatomy in the American Medical College, was married December 14th to Miss Carrie L. McCormick, of Bell-fontaine, Ohio. It is earnestly hoped that this pair will prove to be one of those families in which peace and happiness reigns amidst their many little Rows. The doctor and his estimable wife, at all events, have our best wishes.

**ANTISEPTIC TREATMENT OF INTESTINAL AFFECTIONS.**—In an article on Intestinal Antiseptics, by D. N. Kinsman, M. D., appearing in the *Journal of the American Medical Association*, July 3d, 1886, the author points out that the natural processes of fermentation and putrefaction going on in normal digestion are so changed in dyspepsia and other forms of intestinal disease as to produce poisonous alkaloids, which are the cause of the symptoms developed in such disorders.

The researches of Prof. Vaughn, of the University of Michigan, in which tyrotoxin has been shown to be the cause of ice cream poisoning, which are still fresh in the minds of medical readers, have thrown still more light on the etiology of intestinal affections, and made apparent the importance of intestinal antisepsis as a method of treatment.

To facilitate such treatment, we learn that Parke, Davis & Co. have recently added to their list an Intestinal Antiseptic Pill, the formula of which is as follows: Mercury protiodide,  $\frac{1}{8}$  gr.; podophyllin,  $\frac{1}{8}$  gr.; aloin,  $\frac{1}{8}$  gr.; ext. nux vomica,  $\frac{1}{8}$  gr.; ext. henbane,  $\frac{1}{8}$  gr.

**SELLING OIL IN THE NAME OF THE SAINTS.**—In the case of C. A. Vogeler & Co. vs. Middleton, Judge Kay, of the Chancery Division, was asked to restrain the defendants from using an oil as St. Joseph's, claiming an infringement on the plaintiff's trade mark, and calculated to deceive the public. The judge declined to rule that the use of any saint's name in the calender was an infringement, and said that both plaintiffs and defendants were venders of quack medicines which were largely advertised to heal all manner of external injuries, and advised that both parties ought to add that no one should employ either preparation except under medical advice.

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## ORIGINAL COMMUNICATIONS.

### GONORRHOEA OR SPECIFIC URETHRITIS.

(AN EXCERPT FROM THE AUTHOR'S PRACTICE.)\*

This disease is an infectious contagion from a previously infected person. The cause is well known, even to the common people. The infectious virus consists in a specific *micro-organism*, called *gonococcus*, discovered by Neisse in 1879. Specific urethritis or gonorrhœa can not be produced by simple sexual excess, through contact with simple leucorrhœa, and is to be distinguished from simple or non-specific urethritis. Chancre and gonorrhœa are two distinct infections, but both these specific poisons may enter the blood at the same time in the same person. Women infected with both these poisons may infect men also with the two diseases likewise.

At the outset, gonorrhœa is a local infection of the genitals, directly caused by the transmission of *gonococci* to the mucus membrane of the urethra of the male, or to the mucous membrane of the vagina of females. But soon the virus passes into the lymphatic circulation. And as soon as the gonococci reach the lymphatic vessels, they rapidly multiply, cause inflammation, and then proceed further into the blood-vessels of the general circulation. The first symptoms exhibit the infectiousness of gonorrhœa, even before the abnormal secretion appears; and, on the other hand, the chronic form may be

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\* The author of this article has not given his name.

also infectious still. Those who have once had gonorrhœa are much more inclined to the disease. Scrofulous or tuberculous constitutional tendencies incline to the chronic form of the disease; so does an impoverished state of the general system. The stage of incubation is from four to eight days, on an average. But there are exceptional cases, in which the disease appeared in two or three days after the infection.

The first indications of infection are libidinous excitement, and tendencies to erections and ejaculations, and itching and a tickling sensation in the anterior portion of the urethra. And very soon there appears a small amount of mucus discharge, of a clear, slimy character, or of a viscid character, and the lips of the orifice of the urethra are red and swollen considerably. The pus-like discharge often is so viscid that it glues the lips of the urethra together as it dries up. Very soon the itching ceases, and is superseded by sharp pain of a stinging character, and the orifice of the urethra swells more and more; micturition is quite painful in most cases, with very frequent desire to urinate, and the urethra becomes very tender, and the stream of urine becomes thin or small. In some extreme cases there is painful retention of urine. The discharge, which at first is an excessive mucous secretion, in two or three days becomes purulent. It is at first yellowish green, but sometimes colored by a mixture of blood, which stains the linen. After the initial mucous stage has passed off, and the blennorrhœic stage has commenced, the subjective complaints may continue for a week, with painful emissions and erections, attended by the tearing of the inflamed urethra, which begins to convince the wicked victim that "*the way of the transgressor is hard.*" In young and vigorous subjects, especially those who have lived grossly, there is some fever. Generally, after some time, during the blennorrhœic stage, the symptoms become milder. The purulent discharge continues for a week or two, then gradually becomes again mucous and more scanty.

This disease may terminate in six or seven weeks, or it changes into chronic gonorrhœa, or gleet, and continues for years, or even for life. Sometimes circumscribed infiltrations of the connective tissue surrounding the urethra may lead to the formation of abscesses, and they may result in fistules. During the acute stage, the infiltration of the *corpus spongiosum* becomes very painful on erec-

tion. *Chorda venerea* ensues. In other cases such deviation of the penis may take place as to render the patient unfit to cohabit forever. In some cases inflammation of the lymphatic vessels of the penis, which may cause hard strings on the dorsum of the penis, is soon followed by redness and swelling of the surrounding tissue and foreskin. This inflammation of the glands may lead to buboes, in scrofulous or tuberculous subjects. Constant contact of the prepuce with the gonorrhœic secretion sometimes causes an œdematous swelling of the prepuce, and phimosis or paraphimosis may follow also.

On examination of the urine with a good microscope, during the mucous stage, it will be found to contain tense filaments and flakes, but during the blennorrhœic stage of the disease the urine is turbid and purulent generally. If gonorrhœa continues beyond eight weeks, or ten at most, the discharge becomes thin, mucous or mucopurulent, and unattended with either pain or smarting in urinating. This is the chronic stage—*gleet*. There may be some itching or stinging sensation in the anterior or posterior part of the urethra. It is almost universal that the victim experiences an unusual sensation in the perineum, which warns him that there is something the matter with his urinary organs. In some cases the testes inflame and become enlarged; and in other instances the cords become tender and enlarged and very painful. This chronic form, by excess in eating, over-exercise, or by a debauch, may reassume the form of blennorrhœa. In other cases (especially where the patient has used strong injections) strictures, inflammation of the bladder and enlargement of the prostate gland may take place; and Cowper's glands and the seminal vessels may become inflamed; and spermatorrhœa may result. Then condylomata and gonorrhœic rheumatism, blennorrhœa of the eyes, and other inflammations of the eyes, often take place, first or last.

Gonorrhœa may be mistaken for balanitis—inflammation of the glans penis and foreskin. If the foreskin be brought back over the glans penis, and dried with cotton, then squeezing the urethra, if gonorrhœa be present there will be the characteristic discharge from the orifice of the urethra. The examination of the discharge for the gonococci is the most decisive test for gonorrhœa.\*

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\* See the Author's Practice.

Chancres of the urethra may be mistaken for gonorrhœa, as they give rise to a purulent discharge. If there be syphilitic chancres, the secondary symptoms will decide the diagnosis; otherwise, the use of the urethroscope, while the patient is under an anæsthetic, will decide it.

While many patients may get well without serious complication, yet it happens sometimes that patients die from ulceration of the kidneys and from pyæmia. And other complications may occur—as sloughing from infiltrations in the surrounding tissue.

The treatment should be systemic and local. As internal remedies, I have successfully used the tinctures of cubebs, sandal wood, and echinacea augustifolia, equal parts. Dose, a dessertspoonful three times a day. The tincture of sandal wood, tincture of echinacea, and the tincture of balsam copaiba (1st dec.), equal parts, given in doses of a dessertspoonful, three times a day, often cures the disease; but if it fail, I use a good antiseptic wash, as soon as the inflammatory stage has passed off—say, permanganate of potass., 2 grs. to the ounce of water; use twice a day, after urinating. In the chronic form, bismuth (sol.), with fl. hydrastis, answers a good purpose, and it should be used with a syringe three times a day. If the patient is vigorous, and the symptoms indicate a high degree of inflammation, I usually commence the treatment with tincts. of gelsemium, 20 gtt., aconite, 1 gtt., every three hours, until the inflammation is subdued; then the above remedies will be appropriate.

I often cure the disease without a wash; but a good antiseptic wash, if it does not produce irritation, aids in the cure. Thallin is a new antiseptic, used in solution (from one and one-half per cent. to two per cent.); as an injection, it has proven very active. Usually a two per cent. solution (which does not usually irritate) gives decided relief quickly. And, from the trials made with thallin, it appears to be one of the most efficient remedies yet tested. It destroys the gonococci, even in the acute stage, yet does not produce the irritating effects that most other washes have done; hence it is superior to others in this disease. And if a two per cent. solution produces any irritation, then one and one-half per cent should be used for a time. All strong injections of the nitrate of silver, corrosive sublimate, sulphate of copper, etc., are very liable to be fol-

lowed by strictures. The practitioners in Switzerland use a five per cent. solution of thallin sulph., in the form of *antrophors*, and with complete success in most all cases.

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### EMPYEMA.

BY. W. S. CLIFFORD, M. D.

On the evening of 23rd of March last-came an urgent call to see Mrs. Chas. G——, living in adjoining town. Found the lady emaciated very much; face pinched and shriveled—pallid, nearly sallow; temp., 103°; pulse, 100 per minute; cough harrassing; muco-purulent expectoration copious; night sweats; occasional rigors; little appetite; weak, and upon the least exertion panting for breath. Patient was now exposed for physical examination, and supported by attendants on either side while she stood on her feet. On inspection, the left side of the chest was noticed to be perceptibly larger than the right side; intercostal spaces full. On inspiration, the right side was observed to expand fully; the left side did not move. A further examination revealed both suppression of the respiratory murmur and flatness on percussion over the entire area of the left lung, except at the extreme apex.

The following history of the case was now given me by the physician, Dr. May, and the husband: About two months previous the patient took sick, and a homeopathic physician was called in. The notable symptoms were pain in the left side, not intense, cough, fever, no appetite, general malaise. These were the prominent symptoms for a week or two. The trouble was pronounced to be typhoid fever, treated for six or seven weeks, and "turned over to the cook," as he expressed himself, three or four days before I saw the case. Dr. M. was then called in, and diagnosed consumption, and predicted speedy dissolution.

My own diagnosis was fluid in the pleural cavity, either serum or pus, the belief being ventured, however, that it was an empyema. To put the matter at rest, a hypodermic needle was plunged into sixth intercostal space, and a fluid withdrawn which was the color of pus, and which it was pronounced to be, in the absence of microscopical examination. The next day was appointed as the time for operation. For this purpose, a large hypodermic syringe, holding not quite an ounce, provided with an additional attachment, with



a stop-cock, aspirating needles, etc., was the aspirator used. The needle was introduced through the seventh intercostal space, an inch posterior to axillary line, and ten ounces withdrawn, when the needle became plugged, so that nothing further could be taken without considerable force. The third day after this twenty ounces were drawn off; in four days more thirty-two ounces; and so on—as high as sixty-four ounces being removed at one time—for some fourteen operations. The dyspnœa began to diminish at once; cough grew better; fever not so high; and general improvement appeared, until about the end of a fortnight, when fever came up high; cough worse; no appetite. In a few days she commenced to improve again, and with the exception of another slight relapse continued to improve.

At the end of a month patient doing well, but now appeared a red, fluctuating enlargement just below the nipple. Hoping that the case might yet be successfully treated without allowing air to enter the pleural cavity, the aspirator was again used, and the enlargement disappeared. In four days more it was as prominent as ever, and another aspiration done, with the determination, however, of using the knife if accumulation continued. At the end of five days pus accumulated as before, and an incision was now made, which allowed a large amount of fluid to escape, a drainage-tube introduced, fastened and covered with antiseptic gauze. In a few days more, from peculiar burning pain, slight swelling and redness, it became evident to me that spontaneous opening was about to be effected through the eighth intercostal space, about on the axillary line. An incision was made at this point, and drainage-tube put in, full of small holes, fastened with adhesive strip and safety-pin, covered with bichloride gauze, and fastened conveniently with bandage as before.

As soon as this free drainage was established, patient began at once to improve more rapidly. Emulsions of cod-liver oil, generous diet and, as soon as practicable, out-door exercise and deep breathing was prescribed, together with other exercises as I supposed best calculated to expand the compressed lung. The opening beneath the nipple was made, I think, through fourth intercostal space.

At present, nine months after my first visit, patient is apparently as well as she has been for years—little or no cough; good appe-

tite; distinct respiratory murmur was heard over all parts of affected side; considerable dullness on percussion, and some retraction of chest wall, which is not very movable, on inspiration and expiration.

Among the pertinent questions that might be asked are: Was the fluid pus? I suppose nothing short of a microscopical examination would positively answer this. Was the first doctor correct in his diagnosis? There appeared no evidence of typhoid fever, aside from the persistent rise of temperature. Mind was always clear, and bowels never loose. Did the next M. D. have some ground for his belief that it was phthisis? From physical signs, I am of the opinion that there are some tubercular formations in apex of the affected lung; and is it not more than probable that this deposit, coming in contact with the pleura, set up the inflammatory process which filled the cavity with pus?

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## TREATMENT OF SCARLET FEVER.

BY E. R. WATERHOUSE, M. D.

Scarlet fever is a disease that is looked upon with a greater dread by the average practitioner of medicine, as well as by the people in general, than almost any other disease; and there is no disputing the fact, that it is a great enemy of the children, and numbers its victims by the thousands each year, while as many more who were permitted to live through it are left in a diseased condition, to be tormented during the balance of their existence. I myself can testify to its influence of thirty years standing.

Within the last five years, I have treated a large number of cases of this disease, with a greater degree of success than many of my professional brethren have recorded. In the early stages I have followed the teachings of specific medication, almost to the letter, while in the after stages I have made use of the hydrometer, in examination of the urine, and depended largely upon the specific gravity of this excretion in guiding me in the selection of the required remedies.

The urinometer is but an abbreviation of the heavy hydrometer (for liquids heavier than water), and is sufficiently accurate for most purposes; and as it can be had for a few shillings it should find a place in every physician's "kit."

It is unnecessary to recount the many symptoms and conditions that we are all so familiar with in the early stage of scarlatina, and, as before stated, specific medication is a reliable guide in treatment. The sore throat often requires some little attention, a towel wrung out of strong salt and water, or vinegar and salt, and packed about the neck, and a gargle of dilute distillate of hamamelis with borax being all that is required in the majority of cases; but presently we may find the cervical glands enlarging, day by day they increase in size, and if the child has a strong constitution it may weather the storm and the glands undergo suppuration and rid the system of the accumulated poison in this manner, but it should be remembered that but a small per cent of such cases recover without leaving some trouble about the ears, and more or less defective hearing.

It is in such cases that I have used the hydrometer, and have observed in every case of these glandular enlargements that an examination of the urine found it deficient in its solids; and when the instrument should show the specific gravity of normal urine to be from 1018 to 1020, we find under the above conditions to be often as low as 1004, and that the worse the enlargement and the more rapidly it has progressed the lower will be the specific gravity of the urine.

One case that chanced to fall into my hands a few months ago will serve to illustrate. It was a stub of a boy, aged five years; it had been some five weeks since he was taken down, had been under the guidance of three physicians of years of experience, and I may also add of great regularity. They had informed the parents that the child could not live through the day. I found the child in a stupor, from which it was difficult to arouse it, and then only for a few moments, when it would again close its eyes and drop into a sleep. The cervical glands were swollen to an extent greater than I had ever before witnessed; a post-pharyngeal swelling which almost occluded the throat, and threatened suffocation.

I made enquiry as to the quantity of urine voided, and found that about the normal quantity had been passed for some days, which lacked the natural color. I was also informed; that it was of no use to examine the urine, as the other doctors had done that, by boiling some of it in a teaspoon. I tested it by the hydrometer and found it registered 1006, at a temperature of 60° Fahrenheit. I prescribed acetate of potash, to be given each half hour, well diluted

within the next six hours the specific gravity of the urine had risen to 1010, and the stupor was less marked, and all symptoms better. Under this remedy the normal color of the urine returned, and specific gravity gradually rose to 1025, and each hour gave a marked improvement in the case. On the second day, however, I gave, in addition, phytolacca, and hepar sulphur (calcium sulphide 2x), but was unable to prevent the suppurative action in the glands, which were poulticed and afterward relieved by the bistoury. The child made a rapid recovery, with the exception of a trouble about the middle ear, which left his hearing defective.

In four cases, treated within the last month, I noticed the enlargement of the glands before the rash had become fully developed; and here again the instrument gave evidence of defective action of the renal organs, but under acetate of potash they were relieved, and all went well again. It is not necessary that the doctor should make an analysis of the urine to determine what this retained excreta is; be it urea, or any other substance, it matters not; he should know that it must be got rid of by the shortest possible route, or irreparable damage will follow.

There are many other morbid developments during the progress of scarlatina that are very troublesome and often fatal in results, but if this condition of the urine is watched from the commencement of the disease, the large majority of children may be safely piloted through with little or no trouble or danger.

Mild cases are often the most troublesome, for the patients are with difficulty kept in bed, or even in one room, and the parents can hardly understand the necessity for it. Chlorate of potash is often administered, but owing to its action upon the kidneys, I do not regard it as a safe remedy; belladonna is probably the most useful medicine in the early stages, as by its action, in removing capillary obstructions, it proves itself a sedative.

Small pieces of ice may be given for the great thirst that is so annoying, and during the stage of desquamation inunctions of carbolized oil, or, what is probably better, the old time bacon rind is to be applied to the whole surface except the face; this keeps the skin in better condition, rendering the patient less liable to take cold, and obviating, in a measure, the spreading of the disease which often follows from the dust-like particles that, without this inunction, are constantly being thrown off.

**HISTOLOGICAL CHANGES IN THE UTERUS.**

BY A. A. COLEMAN, M. D.

1. In the uterus, as in all other organs, we observe the histological development and changes that characterize all general diseases; and the elements here present the same structure, the same origin and the same elements as elsewhere.

2. In the uterus, as in all the organs, we find changes of tissues in their constituent elements to correspond with the original development, the evolution of these same histological elements, and with the nutritive changes to which these are subject by virtue of their proper manner of existing, or by virtue of the influence of the various morbid localizations. Such are the characteristic alterations in inflammation, suppuration, engorgement, atrophy, fatty degeneration, vascular changes, etc., etc.

3. In the uterus, however, the histological changes differ from those in other organs on account of their greater frequency and more rapid course. Again, the changes which here manifest have no analogy with any other organ, neither in form nor activity. The various tissues of the uterus are in a continuous state of progressive or regressive evolution—always in a state of organization and disorganization. Another thing peculiar to this organ is, that its tissues, although differently arranged, contain elements absolutely embryonical—a circumstance never seen in any other organ, nor is it found ordinarily outside of a pathological condition, save in the embryo. These elements give the anatomical signs most affirmatively of this characteristic state of continuous evolution.

Here, then, is an unstable equilibrium, vacillating constantly between a tendency to "hypertrophy" and "atrophy"—a trait of organization of the uterus at the time the most marked and most peculiar.

The connective tissue of the uterus may also become hypertrophied, and give rise to absorption of the muscular elements. Thus we have what Thomas calls "areolar hyperplasia." The mucous membrane is somewhat unique in its structure, its blood supply, as well as its store of glands, being exceedingly great, dispose the organ to inflammations and catarrhal troubles. It is thus easily understood how follicular polypi and other tumors, solid and cystic, may have their beginning in a single hypertrophy of the mucous

membrane, extending itself into the papillæ, superficial vessels and epithelium, attacking the glandular elements, etc. Indeed, the maladies of the uterus generally originate in the local or general causes. This is truer of the uterus than of any other organ.

Now, we have seen innumerable cases where the treatment by cauterizations, incisions, leeches, baths, etc., have only temporarily cured the evil, and when in a short time the trouble has returned. Some of these cases are due to some general cause. Dr. Martineau says that all acute uterine troubles are contra-indications for baths, excepting only functional derangement. This I deny. The temperature of the baths, medicated or non-medicated, should be as the case may indicate. Sulphur, mercurial, alkaline, arsenical, etc., etc., can be used for hip baths. The most useful, in my opinion, is the sulphur bath; it may be prepared by adding  $\text{ʒiiss.}$  to  $\text{ʒiv.}$  of sulphide potassium, to be used twice a week, if not oftener.

Among the non-medicated baths stand the cold baths. Great benefit is to be derived from these baths in acute and subacute uterine and vaginal troubles. I have seen cases of metrorrhagia, lasting months, permanently cured by the above in a few days. Only differing from hip baths by "en courant," care should be used in injecting; at first it should be easy, and gradually making force, and should last only for a few moments, increased day by day. In cases where bathing is impracticable, local baths may be substituted, when the patient is in bed, by an elevated bucket and a rubber tube going or running therefrom to vaginal irrigator, and then a tube running to another bucket. This may be kept up for hours.

It should be borne in mind that the vagina absorbs very easily, as has been so often and clearly proven by experiments; and this is particularly evident in those cases where vaginal suppositories of belladonna are exhibited, and soon followed by cessation of pain and marked dilatation of the pupils—so to express it, there is a general feeling of comfort, etc., etc. This bathing method may differ from general bathing or from simple injections. Neither of these methods of treatment, although so effectual, have any material influence upon the pregnant uterus, and may be used without fear. Regarding the effects of vaginal injections producing "metro-peritonitis," abdominal pains, etc., as Dr. Munde says, they are very rare, and need not modify our present course. Now, as to the position a woman should

be placed in best suited for these injections, I regard the knee and elbow position, and thus the medicament is allowed to come in contact with the greater part of the vagina; and before the expulsion of the injection the woman should lie upon her back, allowing the fluid to bathe well the cul-de-sac. Now, as to local means, nitric acid surpasses all.

Most cases of acute and subacute vaginitis may be treated by a cataplasm of "*fucus crispus*"—U. S., "sea moss;" a fresh one should be applied every day.

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## AN OVERDOSE OF SULPHATE OF MORPHIA.

BY C. H. RIGG, M. D.

On October 29th, 1887, at 5 A. M., I was called to see Mr. A. (a young man about 24 years old), whom his brother said was found in his bed that morning in an unconscious condition. The case was half mile from town. I went out as quickly as possible. Found patient lying wholly unconscious; very purple; cold sweats; very irregular breathing; pulse very irregular and weak; would make no effort to swallow; he was as limber as a string; pupils very much contracted, etc., etc.

I asked if they could account for his trouble in any way. They could not. I then diagnosed the case one of opium poisoning. I then mixed whiskey and spts. ammo. arom. together, and had them to rub him with it; also wet a cloth with same and laid upon his breast and stomach; wrote a prescription for sulph. atropia, and told his brother to get it for me as quickly as possible. He did so, and while at town for the atropia he told Dr. F. to come out as soon as he could possibly; and the brother was soon back with the atropia, which I used by the aid of hypodermic.

Soon after Dr. F. arrived. When he stepped into the room he said: "This is a case of apoplexy." We were then rubbing, shaking, using artificial heat, etc. We then put on mustard, bled him, and I then took spts. ammo. arom. one part, whiskey three parts, mixed them, and filled my syringe full of same and injected same subcutaneously over the gastrocnemius muscle. Soon after, I again used the atropia subcutaneously; then, in a short time, I again used the whisky and ammo. over the same muscle of the other leg.

All this time it seemed that only a few moments more and the

patient would be dead. However, we continued to rub him, and kept up an artificial respiration, and again I used the atropia. By this time it was 10 A. M., five hours from the time I was called, and no improvement that we could see, except his pulse and breathing were somewhat more regular.

At this hour Dr. F. left me. Going to town, he was besieged with many questioners, who were eager to know how the case was. He told them that the young man would soon be dead, which seemed to be a very reasonable conclusion (however, it did not terminate in that way). We who were with him continued to work with the patient; and at 11 A. M. I mixed spts. ammo. arom., whiskey and water together, and gave patient an injection with a bulb syringe per rectum, and in a very few minutes he moved the right hand and scratched his thigh. He then turned upon his right side, and opened his eyes, but closed them at once. I shook him, and talked to him, and soon again he opened his eyes and called for water. I gave him instead strong coffee. We then took him out of bed and put him in a rocking-chair, propping the chair back, so he could not fall out. I then put him upon spec. tinct. belladonna and coffee, with instructions to move patient often, and keep him awake as much as possible by bathing, shaking, talking, etc. He would fall into a profound stupor as he was let alone, and his breathing would stop. This stupor continued for three days, and I continued to have them shake him, talk to him, rub him, and use large injections of warm water to cause his bowels to act. Continued the internal treatment as indicated, belladonna being the principal remedy used after he could swallow. On the fifth day the patient was discharged. On the seventh day he was in town, looking as if he had "been there."

I do not think the bleeding did any good; but think that the artificial breathing, the atropia, belladonna, whisky and ammo., and coffee are the things which brought him through. I never heard of whisky and ammo. being used subcutaneously before, but think it one of *the* things in an overdose of morphia. I looked for abscesses, but nothing of the kind ever made their appearance.

I never got the straight of the case until last night. I got the young man in my office and asked him how much morphine he took in October when I was called to see him? He said: "*None.*"



And continued for some time to say: "*No, indeed, he did not.*" But I told him that I knew better, and that if he continued to say no I would never change my mind; but that I would like to know. He then said that he *did take morphia*; and, as he knew that he could not buy it, that he just picked up a bottle of morphia that he saw setting in the prescription case of one of our drug stores, and went home; and when all had retired, he emptied the bottle, and took all that was in it, and he says the bottle was at least half full. The dose was taken between 10 and 11 o'clock on the night of October 28th. He says that he does not want to do the like again.

I give this case because it was an extreme one, and because the plan of treatment was somewhat different from any I ever heard of.

Now, brethren, if you meet with such cases, do not neglect to keep up artificial breathing—it may save your patient. Do not get tired in an hour or two and quit, but keep pumping-away, and give injections of whisky and arom. spts. of ammo. and sulph. atropia until your patient can swallow, and then you can manage them. Do not stop to think whether some one else has done certain things or not; but if a certain line of treatment presents itself, and you think that line is most applicable to the case in hand, use it, and you will most likely not be disappointed.

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## ANTIPYRIN.

BY W. J. ATKINSON, M. D.

This is a remedy that is acquiring quite a popularity at present for its power to control fever. It is a proprietary medicine, with the name as a "trade-mark." It is said to be a complex chemical body, derived from chinoline, and in chemical terms is called "dimethyloxyguinazine."

"The name 'Antipyrin' was applied to it by the manufacturers for two reasons: first, as a convenient term which would indicate one of its most important properties; and, second, in order to have a name which they could copyright to protect their interests."

This, like all remedies, has its friends and its foes; hence I think it proper to state some of the facts, as given by different practitioners in our present medical literature.

O. Cléron states that he "gave antipyrin, in doses of 15 grains, at intervals of five hours, to a woman who was eight months pregnant

and was suffering from typhoid fever. After she had taken 30 grains her temperature fell from 108.5° F. to 95.9° F. Convulsions immediately occurred, with impeded speech, deafness, and finally loss of consciousness.

After much labor, this condition was overcome by the use of the strongest stimulants. In another case, a similar condition was brought about after giving 6 grains, at intervals of three hours.

Dr. Warfringe, of Stockholm, Sweden, in discussing antipyretic medication, says: "Antipyrin has given good results in the treatment of most fevers."

Dr. Harold N. Moyer, of Chicago, reports cases in which antipyrin succeeded:

"CASE 1.—A pregnant young woman was suffering with a violent hemicrania. Antipyrin was prescribed, in 10-grain doses, every two hours. With the first dose the pain subsided; a single powder relieved all distress on two subsequent occasions."

"CASE 2.—Left hemicrania. Had suffered intensely at the menstrual period. Had taken morphia, but without relief. Antipyrin was given, in 10-grain doses, every hour. After the second dose the patient passed into a quiet sleep, from which she awoke refreshed. The pain returned later, but was again relieved by the drug.

"CASE 3.—A gentleman of intemperate habits, who had suffered for years with neurasthenia, headaches and insomnia, and had taken drugs of all kinds in marvelous quantities, sent for me one evening in consequence of a severe neuralgia of the inferior maxillary division of the fifth pair. The pain was of the pure neuralgic type. Knowing the patient's toleration for drugs, I gave him antipyrin, with, I confess, but little hope of benefit. Much to my surprise, the first dose relieved all pain, which did not again recur."

Dr. R. C. Walker, of Omaha, Neb., reports that antipyrin gives most pleasing results in typho-malarial fever, when given in large doses.

Prof. See advises hypodermic injections of antipyrin (7½ grains in water) in painful conditions, as a substitute for the morphia, without any of the disadvantages of that drug. He mentions its use particularly in acute rheumatism, neuralgia, hepatitis and renal colic, angina pectoris, etc.

John Ogilvy, M. D., writes, to the *British Medical Journal*, that he "has found antipyrin wonderfully potent in bilious headache." He gives 8 grains, the patient being at rest in a darkened room. "At the end of an hour another dose, possibly a third and fourth, may be required, but generally sleep, or a pleasant languor, follows the first or second dose, with gradual relief to the headache. No unpleasant after-effect is felt."

Now, from the above quotations, we may learn :

- 1st. Antipyrin relieves pain in most all cases.
- 2nd. Antipyrin reduces the temperature better than any other remedy.
- 3rd. That it is an analgesic that can be trusted.
- 4th. That in pregnant women it should be used with caution, as it is believed convulsions have been produced by its use.

I have given it to relieve headaches and to reduce the temperature in fevers, and am well pleased with it. The physicians of this county with whom I have talked report that they do not think they could now treat fevers without antipyrin.

It is not claimed that antipyrin will *cure* a fever, but any remedy with which you can subdue the temperature in a case of fever, and make the patient comfortable and keep him so through the entire course of the disease, is certainly a valuable adjunct to the treatment. In typho-malarial fever, antipyrin holds the temperature just where you command it, as a trusty servant would your horse. Of course, you then have to use your curative as required.

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## FISTULA IN ANO.

BY R. T. ETAVARD, M. D.

There are three forms of fistula in ano: the complete fistula, in which there are two openings, one in the rectum, the other on the external surface of the body; the incomplete internal fistula, in which the sinus communicates with the rectum, but not with the external surface—both of which are produced by the same causes; the incomplete external fistula, in which there is no internal opening, and which is produced by external causes. The last two varieties are also called blind fistulæ.

Fistula in ano commences by the formation of an abscess immediately beneath the skin, just outside of the anus, as the result of

blows, kicks, exposure to cold and wet; or by ulceration of the mucous membrane of the rectum, due to retention of fecal matter, or by foreign bodies, such as small pieces of bone, grape seeds, producing irritation, inflammation, and, ultimately, abscess. Abscesses may also form in the submucous connective tissue of the rectum, and then burst into the bowel.

A rectal abscess may rise rapidly, when there will be redness, tenderness, and often very acute pain, with more or less constitutional disturbances; or it may be months in formation, and be almost painless, even in manipulation. This last form is apt to be neglected; it has little tendency to open spontaneously, and it results in a burrowing up the side of the rectum to some distance, as well as under the skin or perineum, or both. The cavity of an abscess seldom entirely closes, but sooner or later it contracts, leaving a sinus, from which purulent matter will flow, and will present a pouting aperture, which may be situated near or far from the rectum, generally about an inch posterior to the anus.

It is not often that the surgeon sees a rectal abscess very early; either the patient is not aware of the importance of attending to the early symptoms, supposing it to be (in the case of internal fistula) constipation or incipient piles, and resorting to cathartics, or "he" or she temporizes, using fomentation or poultices.

The mobility of the parts, caused by action of the bowels and movements of the sphincter muscles, and the presence of loose areolar tissue and fat, will usually prevent the closing up of an abscess, and will assist in the formation of sinuses. The vessels, also, near the rectum are not well supported, and the veins have no valves; there is, therefore, tendency to stasis, and this is inimical to rapid granulation. We know that abscesses are always apt to degenerate into sinuses when seated in any lax areolar tissue, as in the axilla, neck or groin.

The diagnosis is simple. If a probe be tenderly passed into the sinus, allowing it to follow its own course, and after this is done the finger be placed into the rectum, you will probably find that the probe has traversed the sinus, passed through an internal opening, and can be felt in the bowel. But do not introduce finger before the probe, as you will excite contraction of sphincter, and the sinus will be drawn up or contorted, and consequently the passage of the

probe is obstructed. When you pass your finger into the bowel to search for internal opening, never forget to carry it higher up, to see if the rectum be otherwise healthy; you may find stricture, ulceration or malignant disease co-existent.

Blind, external and even complete fistula may be cured by means of carbolic acid, by cleaning out sinus and rapidly running down to the end of it a small piece of absorbent cotton or wool, saturated in strong carbolic acid and water, producing an inflammation which may result in a union; but, in the majority of cases, especially where there is much induration, the sinus being cartilaginous, there is nothing equal to the division of the fistula and getting it to fill up soundly from the bottom.

The operation for a complete fistula in ano consists in dividing the sphincter, with the tissue between the external orifice and the anus. It is not necessary to give an anæsthetic in the operation, unless the patient desires it. The bowels having been opened by a cathartic the day before, and the rectum by an enema shortly before operating, place the patient on the right side; pass the forefinger of the left hand, well anointed, into the bowel above the internal opening, which will be found just above the sphincter ani; introduce a sharp blunt-pointed bistoury through the fistula; the point of the knife, being felt in the rectum, is to be hooked down by the finger, and the tissues before the knife are cut loose by a few strokes. Having then opened the fistula in its whole length, search for lateral sinuses extending from the outer opening; also, if there be any burrowing outward beyond the outer opening.

A fistulous orifice is not only at either end of the sinus, but somewhere along its course. Examine carefully to see if there be a secondary sinus running from and beneath the track of the main sinus. Frequently, in old-standing cases, the deeper sinus does exist, and unless it is incised with the rest, the patient will not get well. So long as any lateral or deep sinuses remain, fresh sinuses are apt to form.

Having completed the operation and cleaned the parts with a solution of boracic acid, listerine or bichloride of mercury, dust the parts with sulphate of zinc; a strip of antiseptic gauze is introduced, and the wound allowed to heal by granulation from the bottom, taking care that it does not heal superficially, and thus repro-

ducing the fistula. The hemorrhage does not amount to very much, but if profuse can easily be controlled by compression or styptics. Iodoform and boracic acid may be used during the healing process, and make an excellent dressing. The patient must be kept in bed for several days, and not allowed to walk for several weeks.

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### PLEASANT MEDICATION.

BY H. L. HENDERSON, M. D.

The time has come when the doctor who can carry into his patient's sick-room the most pleasant countenance, and speak the kindest and most encouraging words to the poor sufferer, then dispense the most pleasant remedies, even sometimes tasteless, will be the most successful in battling with disease, will acquire an extensive reputation as a "good doctor," and will find his pockets lined with gold before he has long worn the title given him by the cabalistic suffix M. D.

The part of this combination of good qualities to which I wish to refer in this short article is that part relating to pleasant medicine. The time was, and that was not very many years ago, when a medicine was regarded as inert unless it saturated the air of the room in which it was kept with a nasty, offensive stink that would do credit to a soap factory, and when administered to a suffering patient would create as much commotion in his insulted stomach as if he had swallowed a buzz-saw. I say the time was when this was the case, but is not now. I think that if there is any one thing that the great founder of homœopathy should be thanked for, it is that of having pointed out the fact to the blinded physician of that age, that curative remedies were no longer curative when put up and given in large and nauseant doses. And since the days of that great philosopher, all schools of physicians have been coming slowly and surely to the standard of small doses, of pleasant medicines, often repeated, until their direct or desired effect is produced. A physician would not be retained very long, by an intelligent family, if he presented himself in the sick-room clad in the garb of a wild Western Indian. Why? Because his appearance would be an insult to the sense of sight. Then, in these days of great pharmaceutical skill, would it not be as great an insult to the sense of taste if he administered crude, nasty, stinking medicine? And would the one

fault give him any more claim to respect and confidence in that family than would the other?

Many different plans can be adopted for disguising or covering up the taste of drugs that necessarily have an unpleasant taste. Thus we have the simple elixirs and cordials for a vehicle in which to give many powders and some liquids. Then we have the capsules and wafers, for the more insoluble powders and extracts. But, in my mind, the best plan of all is to use the concentrated tinctures and alkaloids, adding a sufficient quantity to pure water to make the dose a teaspoonful, and sufficiently dilute to require a dose every half-hour or hour, or as the case may require, and my experience is that but very few patients will object to the unpleasant taste.

I have long since come to the conclusion that the doctor who cares most for his patients' taste, will be best liked and most liberally supported by the intelligent part of his patronage.

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#### POSTAL BRIEFS.

**THE KNIFE, PNEUMATIC CABINET AND THE LORD.** — On May the 7th, 1887, I was requested by telegram to come on first train about 100 miles south of Emporia, Kas., bring instruments, etc., to see a gentleman, about 53 years of age, who had formerly suffered from pneumonia, and for the past year with chronic diarrhœa, more or less cough, and varicocele for six years. The present rapid decline set in about the first of the year. I found the patient gasping for breath and wearing a deadly palor; stomach ejecting everything taken; urine scant, and emitting the odor of carrion after a prolonged attempt to void it. He had an enlarged prostate, external and internal hemorrhoids, erosions, pockets, papilla and fissures of the rectum, and a catarrhal affection of the middle right lobe and apex of the left lung, which added to his rapid decline and loss of thirty pounds during the previous three months.

Without anæsthetics I immediately cut off the external and internal hemorrhoids, stretched the sphincter ani and dilated the prostatic urethra. This so relieved the patient that in four days he came and remained with me for five weeks, during which time he was relieved of all pockets, erosions, fissures, hemorrhoids, etc. The varicocele was swung to perfect ease in a suspensary.

To re-establish better circulation and assist assimilation, oxygen,

electricity and the pneumatic cabinet were used, with no internal remedies except peroxide of hydrogen and the tissue remedies. After a remarkable improvement, the time was set for the gentleman to go home ; and feeling elated over his improvement he made free to proclaim that " the doctor had done very well, but the Lord took pity on me and cured me."

For my services, I expect to receive \$100, leaving the Lord to close the subject by His mortgage later on.

F. M. COOPER, M. D.

FROM OREGON.—I say " amen " to your position on union. In harmonious union there is strength. The spirit of independent research is not confined to our school only, but to all. Let us therefore unite for strength and mutual encouragement in our noble work. Educated intelligence is what we need. We have the remedies innumerable as the sands on the sea shore ; their variety of action equally as innumerable, and their medicinal properties suited to every diseased condition. Our chemists and pharamacists are manufacturing tinctures and extracts possessing all the virtues, tastes and flavors of the green healthy plant, and combining them with such singular precision, that their union only improves their remedial virtues. Our shelves and tables groan under the weight of medical authority. If not, it is our own fault, for, as the stars of heaven in number, so the medical books of all schools. Our regularly chartered colleges are in every city. The same (nearly) text books are used in all. The leading and most successful authors and teachers are not confined to the books of their own school in selecting medical pap for the nourishment of their fledgelings, for the auditor and reader will readily recognize the stolen thunder. The educated and intelligent consult together, and generally agree, and they of different schools quite as often as those of the same. In a practice of many years, we have found it quite as pleasant to consult with one as another, differing with all *more* or *less*. I am for union—I repeat it—let us unite !! And *bear* and *forbear* with one another in love. Bear the vituperation of our fellow practitioners, and the weak criticisms of our patrons, in love for the emoluments—not the labor—of the profession and suffering of humanity.

Very respectfully,

J. M. GAILY, A. M., M. D.



**PHYSOMETRA.**—*Prof. E. Younkin*: The following case seems so interesting to me that I venture to send you a condensed report of it. Mrs. C., æt. 30, married 5 years, nullipara, had been under the care of a physician for six weeks. Diagnosis: "everything the matter with her;" headache; severe nervous spells; even migrating neuralgias; anorexia; bowels irregular; insomnia; urine high colored, etc.; she thought she was pregnant, and at about the fourth month. Feeling confident that all her symptoms were reflex and of uterine origin, I made an examination of the womb, which I found much enlarged, and it seemed to be very light for its size. Ballottement revealed nothing, so I introduced a small flexible catheter into the cervical canal, through which it readily passed, when, with a loud, whistling sound, out rushed a volume of putrid-smelling gas, which instantly drove the friends and myself from the apartment. After free ventilation of the room I returned, and with the curette removed from the womb two small pieces of a fleshy looking substance in a state of decomposition. I then washed out the uterine cavity with listerine, all her unpleasant symptoms at once disappeared. As this is the first case of the kind that ever occurred in my practice, I thought it might be interesting to others.

Respectfully,

F. A. Rew, M. D.

**PNEUMONIA.**—Recently, I have treated a good many cases of pneumonia, without the loss of a single case. I enjoin good nursing, and treat the high temperature with aconite and veratrum, in small doses. When indicated, I administer, early in the stage, a vigorous purgative, and watch every symptom. I use chiefly scillæ and carbonate of ammonia, and over the chest lay a mush poultice. In asthenic cases, I also use diaphoretics, and then quinine.

Respectfully, F. VON FRANKENSTEIN.

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**GARGLES IN DIPHTHERIA.**—Dr. May, in the *British Medical Journal*, opposes the use of gargles in diphtheria. He believes that the throat should be allowed to rest as much as possible. Locally, he uses a mixture of carbolic acid, sulphurous acid, tincture muriate of iron and glycerine, giving the same internally, combined with chlorate of potash.

**REPORTS OF SOCIETIES.**

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**A MEETING IN SOUTHWEST MISSOURI.**—There will be a meeting of eclectic physicians of Southwest Missouri, February 17th and 18th, at North Springfield, for the purpose of organizing a district association; headquarters, Ozark Hotel, North Springfield. All eclectic physicians of Southwest Missouri are earnestly urged to be present; prepare a paper on some subject of your own choosing. Come out, brother eclectics, and let us have a good meeting. For further particulars, address the undersigned at North Springfield, Missouri, or Dr. R. F. Galbreath, Carthage, Mo. Correspondence solicited, as there are many whose address is not known.

Dr. Galbreath will have a paper on "Eclecticism in Medicine," which promises to be both entertaining and instructive.

S. W. MORELAND, M. D.,  
North Springfield, Mo.

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**THE TWENTIETH SEMI-ANNUAL MEETING OF THE CENTRAL MEDICAL ASSOCIATION OF PENNSYLVANIA.**—This society convened, pursuant to call, December 14th, 1887, at 1.30 P. M., in Alma Hall, Johnstown, Pa.; President P. J. Stautter in the chair, and G. E. Potter acting secretary. A fair number of members were present. John Osborne, M. D., of Homestead, Pa.; Rush Jas. McHenry, M. D., of Dushore, Sullivan Co., Pa.; and William Osborne, M. D., of Frank P. O., Allegheny Co., Pa., were admitted to membership.

Word concerning the charter for the "Burton Medical College" was received, and elicited quite an animated discussion. A letter was received, stating that Dr. James M. Bunn was lying seriously ill in Altoona, in which he regreted very much his inability to attend the meeting.

One of the newly elected members, Dr. John Osborne, was called upon for a speech; he responded, and said he was practising medicine in Homestead, Pa., and is ready to defy any allopathic demonstration against him. "I am liable to prosecution by medical monopoly, but I am ready and willing to meet them." He gave his experience with the medical oppressors, and by his manner of speech he is evidently able to meet them more than half way.

L. T. Beam, M. D., moved, that on and after the next meeting of the Central Medical Association, the proceedings of the same shall be prepared for publication, provided the publishing committee, to be appointed at that time, shall approve and direct the publication of the same, and that each member is hereby instructed to prepare suitable papers for publication in a popular journal of this kind. It was seconded by G. E. Potter, M. D., and, after a lengthy discussion by all present, it was finally carried.

Dr. ——— reported a very singular case which is now under his care. He presented a ring pessary which had been placed in position for prolapsus uteri in a girl of about fifteen years of age, and for thirty odd years it had remained in position causing no trouble, in fact she had forgotten all about it being there. A few hours before she was confined the ring had to be removed. It was in a good state of preservation.

Dr. L. T. Beam introduced the subject of emenagogues, and a free discussion upon this very important subject was participated in by all present.

Dr. Potter stated that madder was the chief of this class of remedies in 1820. He considered leontine a valuable emenagogue.

Dr. W. C. Beam reported an interesting case of amenorrhœa, which was cured by the sound.

Dr. C. M. Ewing presented the subject of infanticide, and denounced the present condition of society in the matter. The subject being an interesting one, it was resolved that we denounce such practice as a crime of the deepest dye and darkest hue, and its perpetrators worthy of the most severe punishment.

Dr. G. E. Potter read a paper setting forth the manner in which Gov. Bodwell, of Maine, had vetoed the medical bill which had been concocted by the allopaths, in which it was shown that the question was put to the senate, and the veto was sustained by 19 to 7.

On motion of B. L. Yeagley, a nominating committee of three was appointed to select officers for ensuing year. The following were placed in nomination: For President, W. G. Beam, M. D.; Vice-President, C. M. Ewing, M. D.; Secretary, G. E. Potter, M. D., Treasurer, B. L. Yeagley, M. D.; Committee, L. T. Beam, M. D., John Osborne, M. D., A. Yeagley, M. D.

Greensburg was selected as the next place of meeting, the time to be decided upon by the Executive Committee.

On motion of B. L. Yeagley, thanks were extended to the Excelsior Company No. 2, Knights of Mystic Chain, for use of their room.

On motion, adjourned.

G. E. POTTER, M. D., *Sec'y.*

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**ANNOUNCEMENT OF THE EIGHTEENTH ANNUAL MEETING OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.**—This announcement has been completed, and mailed to the members of the National Association.

Owing to the death of President Samuel S. Judd, M. D., William M. Durham, M. D. (Vice President), takes upon him the duties of President.

The meeting for 1888 is to be held in Detroit, Michigan, beginning Wednesday, June the 20th, continuing three days. The headquarters at the Wayne Hotel; board and room, \$2.00 and \$2.50 per day.

The committee of arrangements are: E. S. Cleveland, M. D., Detroit; P. W. Reed, M. D., Port Huron; John Parr, M. D., New Boston; William Bell, M. D., Smyrna; H. S. McMaster, M. D., Dowagiac. To whom correspondence relating to arrangements may be made.

The programme for the sessions is fairly made, and a goodly number of essayists are appointed on important subjects. The "Arena of Debate" still holds the sway. The subjects for discussion in debate are "Asiatic Cholera;" "Specific Medication;" "Eclectics in Surgery;" "Medical Education;" "Relative Merits of Medication and Nursing;" "Treatment of the Insane;" and the "Possibilities of Union in the Schools of Medicine."

With such an array of subjects, the interest of this meeting may be predicted. This national body is becoming a great power on earth. Like a grain of mustard seed, it has sprang from a small beginning, and extended its growth. All Eclectics would do well to lodge in its branches.

The largest meeting within its history is expected at Detroit next June.

**SELECTIONS.****A REFORM DEMANDED WITH RELATION TO  
MEDICAL EDUCATION.\***

BY LEMON T. BEAM, M. D.

Classical as may be the graduate's education, as he steps from the halls of a medical university or college to enter upon the arduous and difficult duties of a medical profession, he will soon discover that, instead of his education being completed, he is only in a sophomore class. He will find that he has simply undergone a kind of cramming process, which has filled him with the theories of the doctors of the past. In the technicalities of his profession he may be "well up;" but in the practical working of the old theories he has mastered, he will soon find that many of them would be "more honored in the breach than in the observance."

Though it may be a departure from the main question in hand, I can not resist the temptation to step aside for a moment to give expression to a thought or two with reference to a much-needed reform in educational methods as they exist in our literary institutions. Why is it we adhere to the unnatural, clumsy way of expressing ourselves in speaking and writing? And why cling with such death-like tenacity to uncouth technicalities taken from dead languages, when plain, simple English words could be used with much better effect? The time has passed when a free use of technicalities and big-sounding words will impress the people with the idea of our superior intelligence.

Our common English language furnishes a vocabulary sufficiently large and varied to express all the ideas which we can possibly grasp. But even this is susceptible of improvement. Our "English as it is spoken and written" is attracting the attention of educators in other fields, and the result is already noticeable by progressive journals and papers dropping outworn letters as silent and superfluous.

A multitude of words in common use could be thus greatly simplified and infinitely improved. The medical student and practitioner, in especially an anatomical, chemical and botanical respect, would be the gainers by this pruning process. And a long list of

\*Abstract from report at the Waukesha Meeting of the National Eclectic Medical Association, June, 1887.

words, especially connected with our science and art, could be made much easier to acquire, and the spelling of many others more readily remembered, by cutting out all double and unsounded letters. But, as usual, old Mr. Stiffnecked Prejudice would oppose such a work on the ground of a dangerous innovation.

The present style of orthography in all medical colleges, as well as in other educational institutions, from the public schools upward, is clumsy, artificial and unnatural. It creates the necessity for the student to commit each and every word to memory, thus to master and remember it by itself. This is so palpably unnatural that it would seem unnecessary to argue the point, further than to ask what it is to *learn* a thing; and try to briefly answer it.

Two conditions are required in order to learn a thing: first, to comprehend it; and second to remember it. But what is comprehending? The word is from the Latin *con*, together, and *prehendo*, meaning I take or grasp. It signifies, therefore, to take together or embrace in one idea. To comprehend, then, is to embrace many cognate facts or things, so as to constitute from them one larger fact or thing, *i. e.*, a general truth or a class. For we cannot by any possibility thus grasp under one two or more thoughts or things of diverse natures; and no sane mind ever attempts to bring such together, except it be to produce, by showing their palpable incongruity, a witticism.

It is only by putting a fact, thought or thing in its proper place, thus classifying it in its logical relations to other facts, thoughts or things, that you can ever comprehend it, or know anything more about it than the untutored savage, to whose eye it only presents an isolated idea, and whose mind, registering the fact, simply declares to itself: "That thing is." The reason why a graduate of Yale College knows more than an illiterate peasant, is that he has learned to compare, distinguish and combine, and then to classify sights, sounds and things, and thus arrange them under the respective heads to which they naturally belong.

Why, then, not apply this common-sense method in spelling words pertaining to medicine? Getting away from the usual arbitrary method, we could so classify words that they would be easily remembered by their classification, and thus save a great deal of both time and labor. To illustrate the idea: take a few plain words. Why,

for instance, cling to the dead past by spelling *tisic* with the aid of the consonants *phth*, or *rumatism* with the useless *he*, and so on to an endless length? The Spanish and other European languages have reformed their orthoëpy in this way. Further, there is very little, if any, analogy between the orthography of words in the English language and the manner in which they are pronounced. Not one in twenty can spell an unfamiliar word from hearing it pronounced, or pronounce many strange words from seeing how they are spelled. The fact is, our present system is unnatural and absurd. Take a child that has not been trained in our arbitrary way of spelling and pronouncing, and teach it to spell *cuff*, then give it out the word *tough*, and see if it would not naturally spell it *tuff*. Again: when it has learned to spell *wood*, try it on the word *could*, which being pronounced the same, would it not spell it *cood*? So with *meat* and *feet* and numberless other words in daily use

Everybody knows that our present orthographic system is not the one which learners would follow if left to themselves. Natural spelling leads to lopping off all silent and superfluous letters—the latter abounding in words where letters are doubled.

"A higher medical education," by the methods and in the manner generally suggested, is by no means the most pressing need in our profession, but a common sense and natural method of gaining and retaining knowledge. And till this becomes an accomplished fact in all schools, from the primary departments up to our highest educational institutions, physicians, in common with others, will continue to manifest a want of "culture," as much in orthography as in the pronunciation of the technicalities which burden and blur medical literature.

As organised representatives of the profession, it is clearly within the purview of the operations of medical societies to take hold of this much-needed reform. To say that chemistry, anatomy, physiology, pathology, or any "ology" peculiar to the science of medicine, cannot be taught or acquired without laying contribution on the cumbersome and unnatural methods under criticism, is worse than nonsense. The idea that recourse must be had to such a method because so many of our words are derived from dead and foreign tongues is illogical and absurd. The true idea is to Anglicise, yea *Americanise* our language, instead of conforming it to that of either the dead past or to that of any present foreign country.

Why, because the French call the word *elite* A-LEET, should we violate every known law governing the sound of E and I simply to be imitators, and thus assume to be what we are not and what we cannot be with all our efforts, and what we would not be even if we could, namely, Frenchmen? What, for instance, is more disgusting than the affected Frenchy way our dudes try to distort teapot—we mean *depot*—into an unseemly da-po! Bah! One ounce of good common-sense English pronunciation is worth more than a ton of such vain apings after the French way of getting things off.

But desirable as the object may be, you may ask: were medical societies—national, state, county and district—all over these United States, and of all schools, to urge the adoption of the reform would it prove a success—that is, would the new system be likely to come into general use? Answering this from the light of the past—from the opposition all reforms in the theory and practice of medicine have met with, and the prejudices against all new things in every department of life—we would say: “not immediately.”

Prejudices and superstitions have leech-like qualities in holding on ways, methods and things. For instance, when sensible and natural as is the way all progressive journals spell *program*, the old fogies—and by this we do not mean old men, for many of them are more progressive than our young ones—the old fogies, we say, still add the utterly superfluous *me*, and for no better reason than that of the old hackneyed one of having always so spelled it. Prejudice is popular, and no prejudice so popular as that resting upon a majority basis, or backed by reputed authority. Always obstructive to the spirit of progress, it is peculiarly so when related to a subject so closely concerning the interest of the people as the study and treatment of disease. Machine medical education has been, and still is, the main cause of this deplorable evil. By machine education we mean the rigid, mechanical, law-established routine applied to classes of students of all conceivable sorts, who are got together in college-establishments and submitted to operations that go under the name of *medical education*. What we need is *advanced methods* in teaching, not “higher educational” schemes, as proposed. The worst difficulty is that machine education is not capable of improvement. It cannot be reformed. It must be revolutionised. The



whole idea and system is false—radically false—so that the proposed improvements of it, if carried out, will but make it worse.

In the work of the school, of whatever kind or grade, there are two modes of dealing with the mind; it can be stored with information, or strengthened in its functional operations. To simply store the mind is an easy process, depending upon mechanical appliances and arrangements; but to allow the stuffing process to take precedence of a true education, which consists in the development of brain-power in accordance with the laws of its activity, and which is simply and always a discipline in spontaneous self-exertion, is to exclude the possibility of rational education. Brain-storing will proceed at the expense of the self-activity by which mental power is alone acquired.

President Hunter, of the Normal College of New York, naively observes: "Many of the evils complained of in the present system would be remedied by allowing each teacher half an hour a day to show the pupils how to study." Verily, verily, the machine must be in perfection where this is impossible.

Some of our more thoughtful educators are revolting against the predominant method, whereby the individual disappears. They justly condemn the pernicious mechanics of the medical schools. We may be charged with profanation or sacrilege toward a popular professional idol; nevertheless, there are many who hold that in education, as in politics, the sooner the machine is "smashed" the better.

The difficulty with machine-made doctors is, that they are not taught to think for themselves. They are sent out full fledged M. D.'s instead of being equipped with the necessary knowledge *how* to learn. Machine education can not develop the judgment, or prepare the mind to meet emergencies through the practice of self-reliance. As remarked by a teacher, in another educational sphere, which remark is as applicable to medical students as to the pupils in a public school: "The public school scholars are excellent in the line of their drill, but take them one inch outside of it and they are lost." The limits to which I am confined will not allow me to further discuss this important question. I have only endeavored to direct attention to some of the salient features of the problem, and to ask its consideration at the hands of members of this Association who come more directly in contact with it, and who will, I

am convinced, sustain me in the belief that there is a needed reform in the direction indicated, and that the subject is not unworthy to be brought before this body.

There are many obstacles in the way of progress. The necessity for study is constant. The physician does not deserve his name who will not study further the science into which he enters. He should be inspired by the spirit of enthusiastic devotion to the pursuit of truth. The true spirit of science seeks to clear away error and misconception; to arrive at accurate knowledge; to remove the obstacles which lie in the path of progress; to analyze everything, and to prove all things that lie within the reach of investigation. Such a spirit is the essential condition of success in the medical profession, in all members aspiring to true culture, not as mere gold-hunters; and without it all the terms, names, dogmas or formulas which you can cram into a student's mind will not educate him.

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### *MEDICAL AND SURGICAL ITEMS.*

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FOR FETID LEUCORRHOEA.—R. Boracic acid, chlorate potash, aa ʒij.; zinci sulphas, ʒj. Mix. Direct that a teaspoonful of this powder be dissolved in a pint of hot water, and injected daily as hot as can be borne.

SCIATICA.—Dr. Metcalfe (*Boston Med. and Surg. Jour.*) recommends the following as a successful treatment of sciatica: R. Tinct. aconite rad.; tinct. colchici sem.; tinct. belladonna—equal parts. Mix. Sig. Six drops every six hours until relieved. The tablet triturates, each of which contains three drops of the following mixture, is a convenient form: R. Tinct. aconite rad.; tinct. colchici sem.; tinct. belladonna; tinct. cimicifuga—equal parts by volume. One of these tablets is given every four, six or eight hours, as required. Marked beneficial effects have followed in three days, and in neuralgia of the axillary and brachial nerves this treatment has proven of great value.

BILIARY CALCULI.—Dr. F. L. Ladue (*Albany Med. Annals*) writes on stone in the gall-bladder. After noting the cause, history and description, he speaks of peculiar cases and the migratory action:

“ They have been found no less than three times in the *urinary*

bladder. Gutterbach found one in the bladder of a female, too large to be introduced through the urethra. Liebreich examined it, and found it to be composed of cholesterine and biliary pigment, with a crust of uric acid. An autopsy disclosed the abnormality of a cord extending from the gall to the urinary bladder, a part of it being the remains of the foetal urachus."

Dr. Ladue recites the modes of treatment, namely: the ether and turpentine of Durande; the salicylic acid, in doses of seven grains, repeated as recommended by Eichorst. Olive oil he regards as worthless and even injurious. Chloroform—but the dose necessary to effect the solution he thinks beyond the power of the system to endure.

Dr. S. H. Buehler recommends *hydrated succinate of the peroxide of iron*; and Bartholow the *phosphate of soda*.

*Cholecystotomy* is the term applied to the operation of opening the gall-bladder for the exploration and removal of the stone, stitching the viscus to the abdominal wall and leaving a fistula. Puncturing the gall-bladder with a trochar was done by Petit, in 1743.

Bartholow first aspirated the gall-bladder.

Thudichum proposed opening the gall-bladder, in 1859, and crushing the calculus; and J. Marion Sims revived the operation, and placed it on a footing in surgery. Up to 1886, the operation has been performed thirty-five times.

Lawson Tait crushed a stone in the common duct, and the patient made a good recovery.

Sims removed sixty stones from one subject. The patient died on the ninth day.

Langenbuch removed the gall-bladder completely. Since his operation others have followed, with twelve and a half per cent. fatality.

Sir Spencer Wells operated by removing the contents of the gall-bladder, sewing the incision with continuous suture, and returning the organ.

Dr. Winiwater performed the operation for occlusion of the cystic duct by attaching the gall-bladder to the colon, and establishing a communication with the intestine.

Two-thirds of the cases of cholecystotomy have recovered, which places the surgery of the gall-bladder on the side of reasonable procedure.

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E. YOUNKIN, M. D.,

EDITOR AND PUBLISHER.

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## SPECIAL CONTRIBUTORS:

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Original Articles solicited from all sources.

Clinical Reports, Surgical Operations and Notes of Interesting Cases specially invited.

The Editor does not hold himself responsible for the views of Authors, and reserves the right to condense lengthy articles.

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## EDITORIAL.

### MENTAL THERAPEUTICS.

That the functions of some organs of the body are influenced by the mind is a fact well known to science. In the physiological state grief produces an immediate secretion and excretion of the lachrymal glands, evinced by the flow of tears. Fear can occasion an abundant secretion of urine, compelling the person to void it frequently. The gall bladder is also similarly influenced by fear, and in some cases the copious secretion is followed by jaundice. A patient with peculiar mental impression requires great watchful-

ness on the part of the medical attendant. A lady consulted a skillful surgeon for a tumor in her breast, which he recommended to be removed. She feared the operation would kill her; but it was observed that the removal of so simple a growth was attended with little danger. She was unwilling to submit, and was strongly impressed with the idea that the operation would prove fatal. Her friends prevailed upon her to consent. The operation was performed in a skillful manner, but she died on the same day, six hours after the operation. It was found afterwards that she had arranged her domestic affairs in such a manner that no confusion should arise from what she regarded her inevitable doom.

If a patient submits to the consequences of disease or injury without repining, if he yields to the advice of his physician and friends, and consents readily to all that is proposed for his relief, he generally does well; but a bitter lamentation, a dream or hallucination of fate, an officiousness to assist, or impatient in the general means of relief, or interpreting every omen into an unfavorable issue, such a one has a degree of constitutional irritability highly unfavorable to his recovery. It becomes, therefore, necessary for the physician or surgeon to tranquilize the temper, to beget cheerfulness, and to inspire hope, even in cases of doubtful issue.

While it is the duty of every physician and surgeon to state plainly the amount of hope, the per cent. of recovery, and leave the patient and friends to assume their own part of the responsibility, it is not his business to be cold and cheerless, and to dampen every hope, in cases where such a state of mind may result in harm.

Plato maintained that all diseases of the body spring from the soul. This assertion may be too sweeping, but it is evident that many diseases have for their basis the passions of the soul. A mother watches her child in anxious care and suspense under a long and continued disease. At length she may be gratified with its recovery; but soon after she perceives a tumor in her own breast, which brings on her own destruction.

Sir Astley Cooper said: "The two worst forms of disease to which the human form is liable—cancer and fungus—are frequently produced by grief and anxiety." The effects of grief are remarkable in producing disease; it lowers the functions of the body, arrests every secretion, produces obstruction of the liver, and not un-

frequently determines a feverish state. In accidents it often so depresses the system as to destroy all efforts of restoration, even where other elements are of much less importance.

*Fear* is not an unfrequent influence in the production of disease. So depressing it may be as to slow the pulse and sink the normal temperature. The secretions may be arrested, and death has been known to follow by its effects, even though no physical lesion was inflicted.

*Anger* is another source of arresting the healthy actions of the body and retarding the process of recovery. I was attending a woman who had an ulcer on the leg, which I had on several occasions brought to a healthy state; but just when I had flattered myself it would soon be cured, I found that it suddenly grew irritable, inflamed and sloughing, the cause of which I found to be a mental irritation through the annoyance and abuse of a petulant husband.

So also *bad news* weakens the heart, oppresses the lungs, destroys the appetite, and suspends every function.

A common rule in the treatment of disease is to remove the cause, whatever that may be. If then a physical ailment be produced by a mental cause, that cause should be removed. This is just as essential as though the cause was a physical one. Mental causes may not be removed by drugs, but by mental therapeutics. If fear, grief and anger are depressants, volition, joy and hope are excitants and stimulants.

*Volition* commands, and a hundred nerves are strung, and a hundred muscles spring to execute.

*Joy* lights up the countenance, causes the eye to flash, springs to action a thrill, as if by electric shock on a thousand wires.

*Hope* bears us up and on. She infuses giant energies; causes the heart to beat with increased volume; and instils otherwise helpless nerves with force and vigor.

In this day and age we talk of *fatigue*. Do people die of fatigue? Yes; they do, in a certain sense, namely: fatigue induces disease, and disease brings on death. But what brings fatigue? It is not work so much as worry. Through mental excitement the appetite and the flow of saliva ceases; dyspepsia, derangements of the liver, constipation, hæmorrhoids, and many other derangements are thus produced.

Our readers, at this juncture, may be revolving in their minds the systems of "Mind Cure," "Faith Cure," and "Christian Science," and are ready to ask: "Do you believe in these? What do you think of these systems?" We would answer, that it would be a very poor system that did not possess some truth or the semblance of truth. Perhaps through a great neglect upon the part of the medical profession to consider the subject of mental therapeutics have arisen these peculiar theories. If asked—"Do you believe in the systems of Mind Cure, Faith Cure and Christian Science?" We answer, no. Yet we have much faith in volition, joy, hope, belief, and all the Christian elements which tend to elevate the mind, to stimulate the heart, to enrich the soul and make life's efforts buoyant and vigorous.

I do not believe in these systems, because they are extremes, and require too great a stretch of our imagination. I do not believe in them, because they seek to take the place of drugs, which they can never do. I use medicine in the cure of disease, and this fact implies an unbelief in these theories. The influence of the mind is not the *sole* cause of disease, and hence mental therapeutics cannot be the sole cure. We believe that faith is an element of cure, but that diseases are cured without faith. Its power is therefore limited. This faith may not rest in other more than the doctor in attendance.

Sin is not a physical ailment; neither can quinine or opium cure it. Sickness is not the direct result of sin, for many saints have died early, and many sinners have lived healthy lives and died at a good old age.

Sin, however, is a moral depressant, and the doctrine of Christ (not Christian Science), with its faith, hope and joys, comes for its relief; but Christian Science, with all its faith emphasized (God's will ignored), never brought sight to the congenitally blind, nor hearing to the congenitally deaf; never healed a broken bone, nor granulated a single ulcer. There are diseases, however, self-curative, that get well under its influence, and some cases, having for their bases some mental cause, the which might yield through the abandonment of depressing vices and mental forces, and the substitution of the stimulating moral elements.

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### A COURT DECISION ON ADVERTISING.

The State Board of Health of Illinois has recently been receiving some pretty hard blows. Acting in harmony with what the State Board has regarded as professional, it has run counter to what the *laws* of the State have regarded as a deprivation of personal liberty.

The Illinois State Board of Health had revoked the license of Dr. J. Cresap McCoy for alleged unprofessional conduct, which consisted in his method of treatment and the display advertisement of his purported cures. A detective discovered that McCoy was practicing after the license was revoked, and this was a quasi-criminal proceeding to enforce a statutory fine for so doing. The two points which Judge Waterman had to decide were, whether the defendant had notice of the trial by the Board at which his license was revoked, and whether, if he had notice, the legislative act under which the Board proceeded was not unconstitutional, as being unjust, arbitrary, and in conflict with the rights guaranteed by the Constitution of the State. The Court held that McCoy had no notice of such a character as gave the Board a right to condemn him because he did not respond to it, and that the power exercised by the Board in the revocation of a medical license for what is known as unprofessional or dishonorable practices is a police power repugnant to the Constitution. Notice of a contemplated trial, the Court says, has always stood as the elementary rule of the administration of justice. For a physician to advertise his calling and his cures, might be deemed by the State Board unprofessional, but it was the constitutional right of every practitioner, and he could not be deprived of his inalienable privilege of earning his bread in the calling and manner easiest to his peculiar abilities. The proceeding was different from a proceeding to disbar an attorney, the latter member of the body politic being a creature of artificial society, while a physician's business arose from natural needs. The Board of Health was not controlled in its acts at all, and was very little removed from a star chamber. The punishment of a revocation of license was for life, compared to which the imprisonment for felony was light. If it were necessary that physicians be not guilty of dishonorable or unprofessional conduct, it was equally so that lawyers, editors, ministers, and even merchants, should be free from it, and any law to



improve the morals of a class was invalid if it could not be given a general application. The Court found for the defendant.

We are sorry to see this kind of turn in that which has been regarded by the profession as the line between quackery and legitimate medicine, and would seem to open up the flood-gates by which our country would again be deluged with a set of advertising doctors, but this should teach us the lesson that no stringencies can be made to stand that deprives a citizen of his inalienable rights.

We have looked upon the question of advertising as a blister upon the profession, self-curative. If a physician advertises beyond what he is capable of performing, the public soon find it out, and his practice ends in that particular community. He is then driven to other quarters, and his itinerancy soon becomes loathsome to the people and a burden to himself.

Again, the State Board of Health of Illinois is in much controversy over what constitutes "practicing medicine." In this the druggists of the State are concerned. If a druggist recommends a simple cough mixture, an eye lotion, or an ague mixture, he is regarded as "treating the afflicted," and hence practicing medicine. This has been the custom of druggists, and now, in anticipation of trouble, a number of druggists have made formal application for licenses as physicians, under the clause in the medical act admitting to registration all persons who have been practicing ten years in the State prior to the passage of the original act in 1877, and who shall file their application before January 1st. These applicants frankly confess that they expect their application to be refused, but this will, they declare, be tantamount to an admission by the Board of Health that during those years they had not been "practicing medicine," however much they may have "prescribed" and "treated persons afflicted" in their stores. This definition by the Board would concede everything desired. What was not "practicing medicine" ten years ago, even though it included frequent daily prescribing in the store, would be practicing medicine now, and by its own defence the Board would be stopped from any prosecutions against druggists in such cases in the future.

This is certainly a brilliant conception. "License us," say the ten-year men in effect, "or sanction counter-prescribing. If we have practiced medicine, then we are entitled to registration; if we

have not practiced medicine, then you must admit that counter-prescribing is not now prohibited by the law; and this is the essence of our contention."

We regard it an unsafe position, even for a Legislature, to constitute any State Board of Health a law-making body. Their province should be to carry out such laws as have been handed down to them, and to this Board we should look for the enforcement.

We should have some general laws governing the practice of medicine, but State laws are to a great extent nuisances. While they do good to a particular State, they do harm to other States; and the idea of a State granting a charter to a medical college whose diplomas read, "with all the honors, privileges and immunities thereunto belonging, both in this country and among all nations," granted by one State and curtailed by another, and sometimes even by its own State, is a thing most preposterous. Before the profession is placed in its true position, we must have laws not only in harmony with the constitution of the State, but with the constitution of the United States. The same standard of education, the same course of conduct, and the same laws governing us throughout the United States, if not the entire world, will make us a unit, and then a properous profession.

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### BETTER WITHOUT EYES.

The *China Medical Missionary* says that a blind fortune-teller came into the dispensary at Tientsin one day for the treatment of some trifling ailment. It was noticed that his blindness could be relieved by a surgical operation, and it was proposed to him to enter the hospital. He refused, alleging that if his sight was restored he would lose his occupation. "People have more faith in a blind fortune-teller," he remarked, "than in one who can see." Besides which, they are admitted freely to the women's quarters of Yamens, and large houses, which would not be the case if they had good sight.

We have heard of a missionary who met with the following unique experience: He had operated successfully for cataract, and the patient had departed cured, when, soon after, he returned and demanded of his doctor a situation. The patient had gained his living by begging, and now, when it was too late, found that with the

cure of his cataract his occupation was gone, for people would no longer support him in idleness. He felt deeply aggrieved, and considered that the least the doctor should do for him was to provide him with a situation.

### VARICOSE VEINS AND DISEASE OF THE HEART.

"PROFESSOR YOUNKIN — *Dear Sir:* — I wish for your opinion. Is there any necessary connection between varicose veins of the leg and heart disease? A soldier died (as his physician reported on certificate) from heart disease, what kind not specified; some time before, he obtained a pension on varicose veins of the leg. When his widow asked for a continuation of her husband's pension, the department refused, as the *cause of death* on the certificate was *heart disease*, while the pension was obtained on *varicose veins*, and stated that there was *no* connection between varicose veins of the leg and heart disease; that the cause of death must be the *same* as that for which the party was pensioned to entitle his widow to continuation of the pension. I am not sufficiently experienced to say whether there is any well-defined connection between varicose veins of the leg and heart disease, and I propose the question to you to kindly give me your opinion.

G. H. ARWOOD, M. D.

Dilatation of the veins is chiefly produced by the persistent accumulation of blood in the veins caused by obstruction to the onward flow. It is consequently present in diseases of the heart or lungs, accompanied by congestion of the right side of the heart, or by diminished aspiration of the venous blood toward the thorax. In such cases, the veins which pass their blood onwards in opposition to the force of gravity are chiefly involved—such as the veins of the legs.

Obstruction to the flow of blood in certain venous trunks, as by the pressure of a tumor, causes dilatation of their radicles; thus we have dilatation of the hæmorrhoidal veins as the result of pressure on the portal vein.

Disease of the heart may produce a relaxed and atonic state of the tissues, which gives the venous coats very little support, and may thus favor every form of dilation.

It is a fact not to be disputed, that an enfeeblement of the circu-

lation from cardiac debility can act as an exciting cause of varicose veins. In many cases we find a disposition to oedema in the lower extremities, because the rigid arteries can no longer maintain a uniform equilibrium in the capillaries, and the nutrition and elasticity of the venous tissues suffer, and varicose dilatation of the veins is not unfrequently associated with this condition.

We would not say that there is a "necessary" connection between varicose veins of the leg and heart disease, but that there is a *possible* connection, and an altogether *probable* one, in the case referred to.

When the "Department" says there is no connection between varicose veins of the leg and heart disease, it is a statement against the opinions of the best writers in the medical profession.

Holmes says: "Obstruction to the circulation is a passive aid to their formation. Hence they coincide with certain diseases of the heart, of the lungs, with cirrhotic liver, and are common when the portal system is overcharged with blood."

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### IODIDE OF LIME.

*Dear Doctor:*—About a year ago (in February number, 1887, of the AMERICAN MEDICAL JOURNAL, p. 84) you spoke of having "used the iodide of lime for years," etc. I would be very much pleased to have you (in your JOURNAL, if you will) give particulars about it—as to its use, or rather in what *diseases* you find its use especially beneficial; also the dose, and any other information that you think might be of interest. Yours truly, W. J. HAINE.

The iodide of lime is a non-official preparation, originally made by Nichols & Co.; more recently by Billings, Clapp & Co., Malinckrodt, and perhaps others. It differs in appearance from the official iodide *calcium*, and, I believe, also in its effects. Iodide of lime is a brown powder, having the appearance of Scotch snuff. It is usually put up in ounce bottles.

One ounce of the powder may be dissolved in two pints of boiling water. It forms a colorless solution, holding all the iodine and a part of the lime. A precipitate of the superfluous lime takes place, in the form of a carbonate, which may be removed by filtration, leaving a transparent solution holding two grains of iodine to the ounce, the dose of which is one or two teaspoonfuls two or three

times a day. It is an alterative superior to iodide of potassium, as it never disagrees with the patient and is almost tasteless. Children take it as they do water. It may be used in all cases where iodine is indicated, and its blending with lime renders it specially useful in abscess, pustular, strumous conditions, etc. In simple abscesses of children — those cases known as blood-boils — it is a specific. In the eruptions of syphilis, especially in those whose digestion is feeble, no better remedy can be found. Indeed, its range of action is wider than any alterative I know, and its tastelessness is a great desideratum. Occasionally, I combine with it arsenic (Fowler's solution), or strychnia (King's solution); a drop or two of acid will set free the iodine, causing an iodine color.

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### CHLOROFORMING DURING SLEEP.

The question has arisen as to whether it is possible to transfer the natural sleep to the sleep of an anæsthetic, without an intervening consciousness. We not unfrequently read of cases of robbery and other crimes committed while the inmates of rooms have been chloroformed, being placed under the influence of the anæsthetic while in the natural sleep. We have maintained that this is, to say the least, very hard to accomplish, and, where there are a number in the same room, it would seem impossible to produce such an effect on each individual at the same time. Yet in a single case the question has been seemingly settled. In a murder trial, where the question was disputed, Dr. J. V. Quimby, of Jersey City, made arrangements with a gentlemen to enter his room when he was asleep and apply chloroform to him. This he did with entire success, transferring him from the natural to the artificial sleep without arousing consciousness. About three drachms of chloroform was used, and about seven minutes required in the operation.

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### BOOK AND PAMPHLET NOTICES.

#### REPORT OF THE PROCEEDINGS OF THE STATE BOARD OF HEALTH OF ILLINOIS.

This is the report of the Eleventh Annual Meeting. Considerable space is taken up on Cholera and Quarantine. The steamship *Alesia*, from Italy, arrived in New York September 23rd, 1887, having cholera patients on board.

"An aggravated case" of quackery is reported. Isaac Hileman, of Belle Plaine, Iowa, a soldier invalid, and almost blind. He had fallen into the hands of one Dr. G. B. Black, at Ashland, Ill., an itinerant, who stated that he could cure him and restore his sight, which the itinerant contracted to do for \$350. Hileman paid \$117, and entered under Black's treatment, agreeing to pay the balance when cured; or, if failure on the part of the patient, then the balance shall be paid. The cure of "catarrh," "kidney" and blindness was to be made in four weeks' time. Hileman was left uncured, a physical wreck, away from home, among strangers and without money.

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**LISTERINE.**—A brochure of 19 pages, giving the Use and Action of this Antiseptic, as well as the Opinions of Physicians as to its Use.

A very neat and well-arranged pamphlet. Sent to every physician on application to Lambert Pharmacal Co., 314 North Main Street, St. Louis.

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**LAMBERT'S LITHIATED HYDRANGEA.** — Giving an Account of this Alterative and Antilithic.

A pamphlet of 16 pages, giving an account of cases treated by this compound. Same firm as above. Sent free on application.

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**OPTIMUS**—This is one thousand references and testimonials from physicians in favor of *Viburnum Compound* of Dr. Hayden. Presented by the New York Pharmaceutical Co., Bedford Springs, Mass. Sent free on application to this firm.

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**CATALOGUE AND PRICE LIST OF PHARMACEUTICAL PREPARATIONS OF ELI LILLY & Co.,** Indianapolis and Kansas City. Sent on application to the firm.

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**WOUNDS—THEIR ASEPTIC AND ANTISEPTIC MANAGEMENT.**—By David Prince, M. D. A paper prepared for the meeting of the American Surgical Association.

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**THE RADICAL TREATMENT OF TRACHOMA.**—By A. E. Prince, M. D. A paper read before the Central Illinois District Medical Society. Reprint.

**PROGRESSIVE MUSCULAR ATROPHY, BEGINNING IN THE LEGS.** — By J. B. Marvin, M. D. Reprint.

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**REPORT ON PROGRESS IN MEDICINE.** — By J. B. Marvin, M. D. Read before the Kentucky Medical Society, at Paducah, June 14th, 1887.

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**RECTAL AND ANAL SURGERY, WITH A DESCRIPTION OF THE SECRET METHODS OF THE ITINERANTS.** — By Edward Andrews, M. D., LL.D., Professor of Clinical Surgery in the Chicago Medical College, Senior Surgeon to Mercy Hospital, and E. Wyllys Andrews, A. M., M. D., Adjunct Professor, etc. With original Illustrations. Published by W. T. Keener, Chicago. 110 pages. Price, \$1.25.

This book contains ten chapters on the different diseases and operations of the rectum and anus. It aims to give the "best methods of diagnosis and treatment of these affections known to the regular profession," as well as the secret methods of the itinerants. We observe that the work is very plainly written, and full enough for practical use. We think that a lesser emphasis upon the words "regular" and "irregular" would have been in better taste for a book of this kind. When we come to consider the object of this book, in its attempt to utilize the remedies of itinerants, we cannot see the reason for trying to keep up a distinction that has no difference in fact. Neither do we see the justice in classing all itinerants as "irregular," for many of them are of the regular school. Otherwise the book will be of service to the profession.

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**SKIN DISEASES. Second Series. Photographic Illustrations. A Complete Work on Dermatology. An Atlas and Text-book Combined.** — By George Henry Fox, A. M., M. D., Clinical Professor of Diseases of the Skin College of Physicians and Surgeons, New York; Professor of Diseases of the Skin Post-Graduate Medical School and Hospital, New York; Physician to the New York Skin and Cancer Hospital; Fellow of the American Academy of Medicine; Member of the New York Dermatological Society, the American Dermatological Association, etc.

The first edition of this great work was issued eight years ago, and received by the medical profession with the highest encomiums, and was translated into the French and German. The first edition

comprised certain cases, with text only pertaining to them. This edition is an atlas and text-book combined, with an increase of 50 per cent. in cases: and in the matter of text, it is increased over 100 per cent., and covers the whole subject from Acne to Zoster. The work will be completed in twelve monthly parts, each part consisting of four plates, comprising from six to ten cases, printed from original photographic negatives. Price per part, \$2.00. Parts I., II., III. and IV. now ready. Published by E. B. Treat, 771 Broadway, New York.

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THE HEALTH AND HOME LIBRARY. Vol. I., No. 1. January, 1888.

Published by the Health and Home Publishing Co., Chicago. Price, \$1.00 a year. Published quarterly. Single copy, 30 cts.

This number deals with such questions as "The Education of the Senses," "The Evils of Vaccination," "Ante-natal Influences," "Universal and Natural Language," "Woman, Her Ailments and Her Sorrows," with a Health Department and a Home Department. This journal is very neatly gotten-up, and to certain classes will no doubt be interesting reading. The subjects, to me, appear, in places, a little too large for the writers.

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HAMILTON'S MEDICAL JURISPRUDENCE.—A Manual of Medical Jurisprudence, with Special Reference to Diseases and Injuries of the Nervous System.—By Allan McLane Hamilton, M. D., one of the Consulting Physicians to the Insane Asylums of New York City, etc. Second edition revised. The *Fourth Volume of the Series of "Medical Classics"* now in course of publication. The Second Edition of HAMILTON'S MEDICAL JURISPRUDENCE bears the Author's careful revision, and much additional matter. 380 octavo pages. \$2.75.

This is a practical work, doing away with those long and tiresome details which works on this subject frequently give; yet all necessary details are given—plain, clear and concise,

It is very fully illustrated with cases drawn largely from *American* sources, and hence better calculated to meet the wants of *American* physicians and legal advisers—a feature that is not always to be found in similar treatises. The leading chapters embrace, "Insanity, in its Medico-legal Relations," "Hysteroid Condition and Feigned Disease," "Epilepsy," "Alcoholism," "Suicide," "Cranial Injuries," and "Spinal Injuries."



## NOTES AND PERSONALS.

**BE CONSISTENT.**—An exchange says that the woman whose favorite hymn is "I would not live always," has spent \$230 for patent medicines the past ten years.

**THE FIRST CHILD.**—In six thousand cases of matrimony, Dr. Ansell found the primal product of connubial joys announced, on an average, at the end of sixteen months. The majority are born before the end of the first year; and seven-eighths before the end of the second. How many six-months children survived, we are not informed.

**SUCCUS ALTERANS IN RHEUMATISM AND SYPHILIS.**—"We are reliably informed," says the *Indiana Medical Journal*, "that the preparation Succus Alterans (McDade) is becoming a very popular remedy with the profession, and being very extensively prescribed in general practice as an alterative tonic, aside from its use in syphilitic diseases. The good results from its use in treatment of rheumatism, of chronic character especially, is worthy of consideration. The remedy is certainly growing in favor, and as no great claims have ever been made for it, but simply placed upon its own merit, we think it could possess no higher recommendation."

**ON THE USE OF HYDRASTIS.**—The past two years have witnessed a revolution in the therapy of mucus membrane diseases. Now such diseases as catarrh of the throat and nose and gastric catarrh, also gonorrhœa and leucorrhœa, can be pleasantly and permanently cured by Lloyd's Hydrastis. The remedy is colorless, does not stain and is not unpleasant to the palate. It can be used with an atomizer or a syringe. Less than two years ago it was first brought to the notice of the profession, and it has met with such favor that not a druggist of any standing, in any part of the country, but keeps it regularly in stock.

**LECTURES ON INEBRIETY.**—The president of the English Society for the Study of Inebriety, Dr. Norman Kerr, is to give the first course of medical lectures on the "Disease of Inebriety, and its Treatment," in the Hall of the London Medical Society, beginning January 12th, 1888. Dr. T. D. Crothers, of Hartford, Conn., has been invited to deliver two lectures on the same topic, before the Albany Medical College, January 24th and 25th, 1888. These are the first medical lectures on inebriety and the first efforts to present

this subject in connected detail, by medical men, from a purely scientific standpoint.—*Journal of Inebriety*.

**A BILL FOR SERVICES.**—Dr. Simmons' bill to the estate of S. J. Tilden is \$143,000, for medical attendance during seven years and eleven months.

**CRYSTALLINE PHOSPHATES.**—Dr. G. T. Wolsey, to the Provident Chemical Works, writes: "Some time ago you very kindly sent me a box of your Crystalline Phosphates. I have not had opportunity heretofore to give you expression of opinion regarding it. Now that I have given it a fair trial, it gives me great pleasure to say that it certainly is a most excellent preparation, and one of undoubted value in the class of diseases for which it was intended."

**THE CLINICAL REPORTER**, the organ of the Homœopathic Medical College of Missouri, has just arrived—a monthly, of 24 pages. Vol. I., No. 1.

**THE STANLEY FARADAY BATTERY.**—This battery is especially designed, not only to meet the wants of the medical profession, but to place in the market an instrument that physicians can recommend for their patients. It covers the entire field of application incident to any and all medical batteries, besides possessing important features peculiar to itself. The greatest care is used in the construction of this instrument, and the working portions are of the best materials and as carefully constructed and fitted as the most perfect watch. Such scientific principles are involved as to produce a maximum volume and intensity of current from a minimum battery power. See advertisement.

**CONTEMPT OF COURT.**—In the current number of the *Druggists' Circular*, Dr. F. E. Stewart attacks the recent decision of the United States District Court, in the matter of suit of Battle & Co. against the Grosses, for infringement of their copyright of Bromidia. He declares that the decision is not final or binding, and advises the Grosses, and druggists generally, not to pay any attention to the decision. We think that Dr. Stewart thus assumes a very hazardous position. No matter how a physician may feel in the matter, it is an assumption against an authority to take position against a decision of the Supreme Court, and people must be bound by the decision so long as it is allowed to stand. For druggists to disregard the Court is, to say the least, not good advice.

FROM JAPAN.—Dr. H. E. Stockbridge, Professor of Chemistry and Consulting Chemist in the Imperial College of Agriculture, Japan, announces the birth of his baby-boy:

"Forty-eight hours after birth, having received no nourishment, he was allowed a few drops of cow's milk and all the tepid water he desired. But the milk did not agree with him, producing symptoms of colic. On the third day, there still being no milk from the natural source, he was given two meals of 'Carnrick's Soluble Food,' from a trial package. This nourishment agreed with him perfectly, but was discontinued on arrival of the mother's milk.

"When he was about four weeks old he showed signs of serious indigestion, passing material from the bowels closely resembling hard curds, the analysis of which proved to be almost wholly unchanged casein. The most natural course was to attempt to remedy the difficulty by changing the diet of the mother, but, after two weeks of unsuccessful experiment, recourse was again had to 'Carnrick's Food,' followed by immediate disappearance of all digestive trouble. However, with a supply of only four ounces of the remedy within 8,000 miles, and with the mother burdened with milk, some other means, as a permanent course, had to be adopted. The analysis of the mother's milk furnished the clue to the proper course.

"The nutritive ratio (relation of albuminoid to carbo-hydrate constituents) was found to be too low; the amount of fat and milk-sugar present was not sufficient to enable the infant to digest the excess of nitrogenous food furnished. By supplying this deficiency by feeding soluble carbo-hydrates, the proper nutritive ratio was restored; and the mother's milk, *thus supplemented*, is to-day accomplishing all that could be desired, and all that was gained by the use of 'Carnrick's Food' *alone*."

THE AMERICAN MEDICAL COLLEGE.—The *Spring Session* of this College is now in progress. Students contemplating attending medical lectures should now come at once. This is a regular session, counting in the general curriculum. The departments are all filled, and lectures run till in June. Better advantages are afforded in dissecting—material abundant. Old practitioners desiring to brighten up can have excellent opportunities in dissecting, as well as in other matters. A good class already on hand, but there is room for more.

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## *ORIGINAL COMMUNICATIONS.*

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### **THE HISTORY OF MEDICINE.**

BY H. L. HENDERSON, M. D.

The early history of our art is shrouded in the obscurity of mythology, and the very remoté details are only founded on tradition. If we undertake to reason from analogy, we must conclude that ever since the human family were subjected to diseases and injuries, very crude means, in many instances consisting only of charms or superstitions, have been used in the palliation or cure of disease; this time certainly is almost coincident with the birth of our race in the Garden of Eden. In the writings of Moses we find many expressions which lead us to infer that at his day, and perhaps even previous to him, there was a certain sect which he denominated "physicians." Many commentators seem to think that these persons were a branch of the priesthood, while others, with seeming good reasons, affirm that they were a distinctly organized medical profession — the nucleus from which sprang the learned profession of to-day, in whose chronology is found a galaxy of names which the world has ever delighted to honor. Be this as it may, certain it is that the first authentic record we have of a distinctly organized medical profession is found in the Homeric poems. The characters to whom he refers were descendents of a mythological being named Esculapius, who was well versed in the art of healing the sick. He left two sons named Machaon and

Podalarius, to whom Esculapius had imparted his art. Homer tells us that the duty of Machaon was to "heal injuries," while the task of Podalarius was to "recognize what was not visible to the eye, and attend what could not be healed," thus giving us the first instance of the separation of the arts of medicine and surgery. When we remember that Homer wrote these facts nearly one thousand years before the birth of Christ, we realize that the science and art of medicine is extremely antiquated in origin.

From subsequent authors we glean the information that temples were erected to the worship of Esculapius, and sacrifices were offered up to stay the ravages of pestilence or a personal disease. The afflicted were carried to these temples in great numbers, and offered their sacrifice through a priesthood ordained for that purpose. Then the sufferers slept in the temple on the skin of the animal slain for the sacrifice, and while thus surrounded it was revealed to the sufferer in his dreams what he should do to be healed. He was then, after being cured, required to write on tablets, which were preserved in the temple, a history of his case with the symptoms thereof, and name and describe the remedies and means that had proven to be most beneficial in his cure. Here we have the origin of clinical recording. This custom continued until the time of Hippocrates, who was born in the island of Cos, B. C. 460.

Hippocrates has been universally termed the "Father of Medicine;" he won this title on account of being the first to systematize the existing chaos of medical knowledge which had been accumulating in the Esculapian temple, and by formulating a connected theory of disease. He was a prolific writer and a profound reasoner, and possessed all the learning which it was possible to obtain at that time; not only in the field of medicine but in other sciences he was a master. He collected the facts to be obtained from the tablets in the temple, and from the results of his own observation wrote more than sixty different books, many of which are undoubtedly genuine, while possibly some that are credited to him were written by some one of his successors. Of those known to be genuine, I will mention, *Aphorisms*; *Epidemics*; *Prognostics*; *Regimen in acute disease*; *Wounds of the head*; *On air, water and places*; *On ancient medicine*; *Joints*; *Fractures*; *Use of the lever* (in reducing luxation); *Ulcers*; *Hemorrhoids*; *Sacred disease*; *Fistula* and *De*

*medicini officina.* As a practitioner he recognized the power of nature in curing disease, and advised the expectant plan of treatment whenever it offered any chance of favorable results; his treatment depended largely on dietetic and hygienic regulations. His ideas of anatomy were very crude, being obtained from observation on the lower animals, his physiology and pathology were on the same level. He taught that the body consisted of four different fluids, viz.: blood, phlegm, bile and black bile, and that health consisted of a proper equilibrium between these fluids, and, conversely, disease is a disturbance of the balance between them; this gave him and his followers in after years the designation of Humoralists in contradistinction to another sect called Solidists. He said: "Glands are spongy bodies for the purpose of absorbing moisture from the tissues;" "Muscles are to cover the bones;" he spoke of muscles as "flesh." He divided all diseases into four stages, the last of which he called the "crisis," and the day on which it occurred the "critical" day. This day he fixed for the different diseases, many of them being correct, showing that his power of diagnosis was certainly well developed, as well as his prognostic ability. In all his works he mentioned two hundred and sixty-five different drugs, mentioned bleeding, cupping and auscultation. The nomenclature which he gave to disease was based on his anatomical and pathological knowledge, and was consequently very crude.

He promulgated the first "code of ethics," which has ever since been known as the "Oath of Hippocrates;" it is as follows:

"I swear by Apollo the physician, by Esculapius, by Hygiea, by Panacæ and all the gods and goddesses, that according to my ability and judgment, I will keep this oath and stipulation: to reckon him who teaches me this art equally to me with my parents; to share my substance with him, and relieve his necessities if required; to look upon his offspring upon the same footing as my own brothers, and to teach them their art, if they shall wish to learn it, without fee or stipulation; and that by precept, lecture and every other mode of instruction I will impart a knowledge of this art to my own son, to those of my teachers and to disciples bound by oath and stipulation, according to the laws of medicine, but to no others. I will follow the system of regimen which, according to my best judgment, I consider best for my patients, and abstain from whatever is injurious. I will give no deadly medicine to anyone if asked, nor suggest any such counsel. Furthermore, I will not give to a woman as

instrument to procure abortion. With purity and holiness will I pass my life and practice my art. I will not cut a person who is suffering with stone, but will leave this to be done by those who are practitioners of such work. Into whatever house I enter I will go for the advantage of the sick, and will abstain from every voluntary act of mischief and corruption, and, further, from the seduction of females or males, bond or free. Whatever in connection with my professional practice, or not in connection with it, I see or hear, I will not divulge, holding that such things should be kept secret, while I continue to keep this oath inviolate. May it be granted me to live, and the practice of my art, respected always by all men; but should I break through and violate this my oath, may the reverse be my lot."

Such was the beginning of ethics! Comparing this with certain codes that have been promulgated in our own time, we are forced to the conclusion that the art of formulating laws or codes to govern the medical profession has undergone a decided retrograde change since the great "Father of Medicine" wrote the "Oath of Hippocrates."

After the death of Hippocrates, which occurred B. C. 275, but few physicians of note are mentioned for many years. One named Praxagoris is mentioned, who first pointed out the relation between the pulse and disease.

Aristotle, who died B. C. 200, wrote several scientific works, especially one on comparative anatomy, and was the first to recognize many of the cardinal facts upon which that science rests. In Alexandria originated a school of physicians called Empirics, teaching that observation and experience were necessary accomplishments of the physician, while the old Greek or Hippocratic school held that the knowledge obtained from standard or acknowledged authority was all sufficient, and were therefore called Dogmatists. The strife between these two contending factions was very bitter, and continued for a long time.

About 100 B. C., Asclepiades became the founder of the sect of practitioners called the Solidists or Methodists. The theory of the Solidists was based on the assumption that the body was permeated by pores running in all directions and that through these pores were continually passing atoms of various kinds, disease being a contraction or relaxation of these pores. Reasoning from this basis, he divided all remedies into astringents and relaxants. The most

prominent contribution of the Solidists was dividing diseases into acute and chronic; they claimed that chronic diseases could not be cured, because the pores were permanently disarranged.

Celsus, a great philosopher and a man of profound learning, wrote on many scientific subjects, his production of special interest to us was a book entitled *De Medica*, which is still extant. It shows its author to have been well versed in the science and art of medicine. In this book he spoke distinctly of the operation for stone, for hernia and cataract, and gives directions for using the catheter; he speaks of using the ligature for divided vessels for varices and hemorrhoids. Celsus is the last star that shines on the medical sky until the time of Galen, who next to Hippocrates deserves the homage of all the lovers of our noble profession.

Galen was born in Pergamos, A. D. 131. His father was a man of profound learning and placed his son at an early age under the instruction of the most learned teachers of his day. When Galen was seventeen years old, his father had a dream in which he claims that it was revealed to him that his son should adopt the profession of medicine. Galen was placed under the most learned physician of his day, but who that physician was he fails to tell us. At the age of twenty-four he first visited Rome, and was there given the position of "Surgeon to the Gladiators," which place he filled with such marked success that he was soon appointed family physician to the reigning monarch. His skill was so great that he obtained the title of "Wonder Worker;" his success secured for him the jealousy and hatred of the Roman physicians; his enemies tried every means to secure his expulsion from the city, all of which efforts signally failed. He made several voyages to foreign countries for the purpose of increasing his knowledge in all scientific wisdom. When or at what age Galen died is not known. Only this much is certain, he lived to a good old age, and died covered with honor, fairly won by his great skill as a physician and profound learning as a philosopher. Personally, Galen was very eccentric and vain. He held the teachings of Hippocrates in supreme contempt, and fully condemned his doctrine as barbarous and unscientific, claiming that the knowledge possessed by himself was superior to that of all others combined. As a writer Galen was very prolific, not only in the field of medicine, but on many other scien-



tific and literary subjects. He is reputed to have written more than two hundred books, eighty-three of which were on medical subjects. These medical productions were regarded as standard authority in the medical world for more than twelve centuries before anyone was able to add to their accuracy or brilliancy. All new doctrines were tried by them, and if found to differ they were summarily condemned as false.

Of his labor, too much in praise cannot be spoken; all historians agree that he was the most indefatigable worker, the most accurate observer, and the most versatile writer of any medical man that has ever lived. His observations on anatomy and physiology were made on the lower animals, the laws of the country not permitting dissection of the human body. He was the first to perform vivisection on living animals to discover physiological facts. In spite of these disadvantages he closely described and gave the names to many of the bones that they still bear, with very few exceptions; divided the vertebræ into the cervical, dorsal and lumbar; and correctly described the bones of the head and face. The muscles he named and gave their action, even speaking of the smaller muscles about the eye and larynx. The organs of the circulation he described, first proving that the arteries contain blood instead of "spirits," as had been formerly held. He examined the thoracic and abdominal viscera, describing each organ and giving the minute structure, together with their functions, and spoke of having on several occasions witnessed the action of the human heart through wounds made in the thoracic walls of the gladiators. The brain he studied with great skill, dividing the nerves into two classes, viz.: motor and sensory, claiming that the sensory nerves consisted of severe pain, all originating in the brain, while the motor nerves all sprang from the spinal cord.

After the time of Galen, medicine as a science remained as he had left it until about the middle of the sixteenth century. During the dark ages but few names appear that are worthy of note. The Arabian school of medicine took its origin in this period, while all Europe was shrouded in ignorance and superstition. To the Arabian physicians belongs the honor of first describing the eruptive diseases, mentioning smallpox under the name variola, and the other eruptive fevers, such as measles, scarlatina, etc., under the name

morbidi or little pests. They also made many additions to the *materia medica* of both vegetable and mineral drugs; of the former may be mentioned rhubarb, camphor and senna. Their contributions to chemistry were of such character that they became the founders of pharmaceutical chemistry as a science. The study of medicine during this period in Europe was confined almost exclusively to the monks, especially those of the Benedictine order. The school of Salerno is a medical school that attained a high order of excellence during this period, so much so that in the year 1300 Frederic II. issued an edict that all who wished to practice medicine must present themselves before this faculty and pass a rigid examination as to their proficiency in the Galenical doctrine; after passing this ordeal they were then required to practice one year under the direction of some practitioner before they were licensed to practice independently. This school formulated a system of dietary, that for a long time held supremacy as a system of regimen. Up to this time the writings of medical authors consisted simply of revision of the works of Galen and Hippocrates. With the revival of learning men began to think for themselves and examine with the eye of a critic the existing medical knowledge, and to point out its errors and absurdities. In the year 1315 Mondino dissected two bodies before his class and afterward wrote his famous work on anatomy. In the sixteenth century dissection was carried on in Paris, where the mistakes of Galen as an anatomist were first pointed out. In the year 1543 Vesalius, of Parma, published his great work on anatomy. This age was characterized by many discoveries in the field of anatomy and physiology.

In surgery, during the dark ages, but little, if any, advance was made. The physicians, being mostly of a religious order, were forbidden to shed blood, so that the cases requiring operation were turned over to a more ignorant class, finally drifting into the hands of the barbers. Ambrose Paré, one of this class, was born in 1517. He studied medicine, and from 1552 to 1580 was surgeon to four French kings, his great skill and renown even saving his life in the massacre of St. Bartholomew. In his time all cases of hemorrhage were treated by cautery, usually by boiling oil. In 1536, while in charge of the army hospital after a battle, his supply of oil became exhausted, when he tied several bleeding vessels with thread. He

spent a sleepless night, expecting that he would find his patients dead when he next visited them, but when morning came he found those to whom he had applied the ligature were doing better than those who had been treated with the boiling oil. This, with subsequent observation, revolutionized the science of surgery and led to the discovery of the circulation by William Harvey in 1628, and thirty years afterward to the discovery of the capillaries by Leonenback and Malpighi. These discoveries led to, or rather necessitated, a complete revolution in the entire field of medicine and surgery. The many dogmas and theories upon which pathology was then founded were reformed to suit the new anatomical and physiological facts.

In the meantime chemists were continually enriching the *materia medica*, with both chemical drugs and vegetable products. Mercury had been introduced as a remedy for syphilis, which had broken out with fearful virulence; the chemical theory of disease had gained ground and numbered among its adherents some of the brightest intellects of the age. This theory held that chemical laws were sufficient to account for all the phenomena of both health and disease, and that chemical wrongs being the primary elements of disease, these chemical remedies should be used to counteract it. Many opposed this theory, bringing on a contention that in some places assumed almost the proportion of a mob. The adherents of the chemical theory were led by Sylvius, who first practiced injection of the vessels previous to dissection.

In 1636 the Countess of Cinchou introduced into Spain the new remedy Peruvian bark, which proved to be a very valuable remedy. Previous to its introduction malarial diseases were very difficult to cure with the then known drugs. About the close of the sixteenth century a new theory again came to light, called the mechanical theory of disease; it attempted to account for all diseases by applying mechanical and mathematical causes. The most prominent members of this movement were Borelli and Boerhaave, the latter being the first to introduce clinical teaching. He became very famous and was at one time the most noted physician in all Europe.

Another reformer named Hoffman offered to account for all the mysteries of pathology on purely a nervous theory. Still another named Stahl concluded that there was an all-pervading something

in the human body possessed of intelligence, which he called the soul or vital principle; this principle he argued was the power which governed every process both during health and disease, and the only duty of the physician was to act as an assistant to this vital principle, and to be careful in no wise to thwart her plans; all depletives were proscribed and only the simplest remedies were used. Much valuable time and thought were spent in trying to support these and similar theories that might have been devoted to a more laudable purpose.

In looking over the history of the seventeenth century, one is struck with the great disparity between the comparative advancement made in the field of medicine and that of surgery, anatomy, physiology, obstetrics and chemistry. This can only be explained by remembering that the latter had during this century been taken from the hands of the ignorant barbers, midwives and charlatans, and offered a fresh field for investigation; while medicine was held in check by the disputes between contending factions, each hugging a pet theory. Then again, the general spirit of the age acknowledged the power of occult influences in causing diseases, and the power of astrology in curing them, which blinded men and prevented them from viewing the pathological changes produced by disease with an unbiased eye.

Haller, a pupil of Boerhaave, was an expert searcher in the domain of physiology, wrote a treatise on that subject, and may be said to have first permanently separated anatomy and physiology. He speaks in his works of irritability and sensibility being the characteristics of muscular fibre, and many other characteristics of special parts or organs. Microscopic anatomy was greatly enriched at this time by many careful investigators, and some parts of the body which they studied still bear the names of their discoverers; thus Cowper's glands, Meibomian glands, Foramina Thebesii, and many others of like character. The obstetric forceps were invented about this time, but the inventor kept his instrument concealed from the profession for a long time, wishing to keep its full benefit for himself. Just at the close of the seventeenth century the greatest discovery that the world has ever seen was heralded, over the name of William Jenner, who, in 1798, announced his philanthropic discovery of an efficient preventive for small-pox.

In America, with no advantages for scientific study, medicine was simply copied from the English physicians. The first systematic medical teaching undertaken in the new world was by Dr. Cadwalader, in Philadelphia, in the year 1750, when he dissected for the instruction of some medical students. Dr. Shippen, in 1762, organized a teaching faculty, which served as the nucleus from which grew the University of Pennsylvania. After this several medical schools were founded in other cities.

To attempt to mention the names, and give the discoveries and inventions, which rapidly claimed attention since the nineteenth century began, would be a task voluminous in its dimensions, and would, therefore, reach beyond the limits of this essay. Then, many of the ideas that have been born in this time are still in their infantile or untried age, therefore would hardly be fit material for an historical pen. At some future time we may possibly attempt to arrange the mass of medical learning that has so rapidly accumulated during this century into the space of a JOURNAL article; but for the present we will close, having followed the history of our art, in a hurried manner, to the beginning of the nineteenth century.

### THE EPIDEMIC INFLUENCE OF 1838.

BY ALEXANDER WILDER, M. D.

Prof. John M. Scudder, in the *Eclectic Medical Journal*, of February, announces baptisia as "the epidemic remedy" for the present year. In this statement, he but follows the theory of specific diagnosis and medication, which he regards as the pivotal doctrine, essential to the integrity and permanency of eclectic medicine as a school of practice. It is not pertinent now to discuss that hypothesis; but we will do well to consider his reasons for his judgment, and to watch for the outcome of his predictions. I presume that Dr. Scudder will be willing to submit his pretensions as a prophet to the test given in Holy Scripture—a test which settles the question for most prophets. I will copy it for the benefit of the readers of the JOURNAL who do not have bibles:

*Deuteronomy, xviii., 21, 22.*—"And if thou say in thine heart: 'How shall we know the word which the Lord hath not spoken?' (*Ans.*) When a prophet speaketh in the name of the Lord, if the thing follow not, nor come to pass—that is the thing which the

Lord hath not spoken—but the prophet hath spoken it presumptuously: thou shalt not be afraid of him.”

Dr. Scudder gives the “indication” as follows: “The patient looks as if he had been exposed to severe cold; the surface has a dusky hue—sometimes purplish; and when you pass your finger over it or press it, the color is effaced and returns slowly. In such cases I should place great reliance on baptisia, whatever the name of the disease.”

He declares his belief that baptisia is *the remedy for this year*. “I believe,” says he, “that in many years—possibly in most years—there is an epidemic influence that modifies disease. In some years this influence is so strong that it gives character to disease. I say: ‘I *believe* this,’ and it is the result of my own observations and letters I received for a number of years.”

In making this deduction, he modestly declines originality and acknowledges it to be homœopathic doctrine, adding that it had been noticed before Hahnemann. In fact, Sydenham, long before, propounded the doctrine that there was every year an epidemic influence—owing to conditions of the earth, atmosphere, or unknown causes; and that there was a tendency in such seasons for the occurring diseases to assume the peculiar type then in the ascendant. It is certainly probable, and I am disposed to accept it as true.

The notion of “stamping out” an epidemic, or averting it, appears to me preposterous. A sporadic or endemic incursion may be repelled; but whatever is claimed beyond that requires more and better evidence than has yet been afforded. Much that has been uttered in that matter has a sound like the vociferous language of the braggart.

The visitation of an epidemic is by no means an evil to be dreaded. If atmospheric and telluric conditions are operative to occasion it, they will be harmless to the great majority. They will affect only the susceptible. The case is very much in analogy with that of the hemp-grower, who goes through his field to take out the *riper stalks*, leaving the others to mature. The epidemic, in a similar manner, is the appointed means for the removing of those who have exhausted their vital power, whether by age, infirmity, or other causes. If left to do its work without panic or alarm, it would quickly take these, and leave the others in peace.

Doubtless we have epidemics every year. Some are unnoticed, and, not being feared, there is no extraordinary aggregate of victims. But when, from unwholesome sanitary conditions, defective hygiene, panic terror, the more excitable of the community are doomed, and there are also more persons susceptible to attack, then the occurring epidemic is magnified into a pestilence.

During the Middle Ages, when Europe was without any of the commonest conveniences of civilized peoples, the recurrences of epidemics noted for their mortality were frequent. The Moslems of Spain began the work of renovation. They delivered their own country, and finally Christian rulers began to learn from them. The diseases, which were then regarded as visitations of Providence to depopulate whole regions, so far disappeared as to be considered matters which a physician could safely combat. For two centuries there has been no "plague" in Christian Europe. When we better understand sanitary personal hygiene, and the true objects of civilized life, we shall be beyond panic terror at any form of disease.

The "Baptisia Epidemic" of Prof. Scudder means, in common speech, an epidemic of eruptive or exanthematous disorders. As if to verify his words, the present winter has been of a character to develop them. Scarlet fever always stands foremost. It is the most to be dreaded of any visitation. More children are attacked by it than by all the other eruptive diseases put together—chicken-pox, measles, small-pox, German measles, etc., etc. To be sure, the alarm is generally made over small-pox, but it is not rational. Not a tenth as many persons ever contract it as take scarlatina, it is far less infectious or contagious; and in most instances the patient will recover, if permitted. But scarlatina is evidence of a deep-seated constitutional malady; the blood is poisoned, and the patient is susceptible for years after to a renewal, or to other disorders of the same class. It will originate *de novo* under the proper conditions, and it taxes professional skill to the uttermost.

Diphtheria, too, is very deadly. As, however, this is a form of scarlet fever, it may be left in its category. There are indications of small-pox in some of our Eastern cities. Perhaps the complaint will remain till warmer weather; then it will cease, as a matter of course. There is less aggregate mortality, however, when it prevails as an epidemic.

The possible epidemic of the season, however, is Asiatic cholera. Even last year a choleraic tendency was observable. Dysentery was common in many places and very marked. An infantile cholera prevailed likewise in Chicago, Canada and elsewhere. A kind of "bilious diarrhoea" also beset men of fifty, sixty and older. This has continued more or less all winter.

The late Dr. C. H. Borden, of Paterson, N. J., read a paper before a medical society, some years ago, in which he set forth the close relations between Asiatic cholera and small-pox. He cited numerous instances where a visitation of the one was immediately preceded by a visitation of the other. One or two of them, I think, occurred at Paterson. The present season is a suitable one for observing. Both New York and Brooklyn have an unusual number of cases of small-pox, as well as of other exanthems, and cholera has once or twice come to the harbor of New York.

The pustular eruptions in the intestines of diphtheritic patients have a significant relation to those of variola. Too much stress is laid upon contagion, etc. A person in peculiar morbid conditions is liable to contract disease incident to his peculiar constitution and the general epidemic or morbid tendency. But they who are in a reasonable state of health are "fire-proof." The best safeguard against any disorder whatever is to "keep well." With proper digestion, and kindred conditions, it is impossible to become infected with any disease.

So far, therefore, Dr. Scudder's prediction appears to be borne out. Baptisia is a specific remedy for exanthemata; it will remove all tendency to eruptive disease; and a bath of the diluted tincture, added to that of veratrum, will ever take away the peculiar odor of small-pox, and the other loud-smelling ailments. I think, if promptly used, it would obviate cancerous affections—perhaps remove them. It would prove serviceable in the various choleraic disorders—such as we are having in abundance.

To much of the current medication and many of the notions in regard to medicine I have a strong repugnance. Much of the doctoring which is done is because we know no better. I would generally advise the physician to "disinfect his patient"—make him clean outside and in, to the best of his ability; to be careful not to fatigue or exhaust his energies; keep him comfortable, and the at-



mosphere pure. The medicines that are auxilliary to these ends are useful; others do hurt, even when doing good. In many of the more acute disorders the average patient has more to fear from the patient than from his disorder.

If cholera is bound to come this year, quarantining will be as a rope of sand to keep it out. It will need diligence and intelligence in its treatment; such as many will not have. But the grave will cover the mistakes—especially if they are “regular.” The day for physicians to desert their posts in terror of it is happily past.

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### SIMPLE VAGINITIS.

BY E. R. WATERHOUSE, M. D.

One of the greatest obstacles standing in the way of a complete and full description of the above-named disorder is the imperfect pathological and anatomical knowledge of the parts involved. Even the minute structure of the healthy vagina, and the presence of glands and lymphatic follicles, are subjects that are still undergoing anatomical investigation, and many other important questions are as yet undecided.

This disease is also termed by medical writers as vaginal leucorrhœa, blennorrhœa and blennorrhagia; while by the unprofessional it is designated as “whites,” weakness, etc., and all physicians are familiar with its train of morbid manifestations.

The diagnosis of simple vaginitis is often difficult to make, as in many instances it may be confounded with gonorrhœa, endometritis, pelvic abscess, or granular degeneration of the cervix; yet from the three last-named it may be readily distinguished by the sense of touch or by the aid of the speculum.

The differentiation of simple vaginitis from specific vaginitis or gonorrhœa is often impossible, as there are no signs that are to be regarded as conclusive evidence. Still, with the specific there is generally a greater degree of activity manifested in its development, with marked urethral difficulty and discharge; but often in the specific we find less irritation of the urethra than is seen in the non-specific; and even its transmission to the male is not conclusive proof, as I have seen cases where the discharges were so acrid that a trouble very much resembling gonorrhœa was transmitted, which also produced, in addition to the characteristic urethral burning and discharge, a severe ulceration of the prepuce,

The history of the case may often assist us in arriving at a correct diagnosis, and therefore should have due weight in all doubtful cases; and the physician should be extremely careful not to mar the peace and tranquility of a family by pronouncing an erroneous diagnosis in a matter of this kind.

Chronic vaginitis—vaginal leucorrhœa—is one of the most common diseases to which the female is subject, and may arise from almost numberless causes; overwork is a common cause, especially in patients whose vitality is below the normal. Teachers, and females whose occupation requires them to be upon their feet during working hours, and being deprived of the invigorating influences of the open air, are prone to suffer from this disease; patients who are affected by any condition that tends to lower the vitality will complain of this discharge; grief or anxiety, dyspepsia, flatulence, exposure to damp, cold winds, worms, and incipient consumption, are also among the more common causes. An ill-fitting pessary is also a cause of this disorder; and it seems that some physicians will advise the use of almost any outrageous “dingus,” varying in shape and size from a boot-jack to a tin whistle, as a support to a debilitated uterus, often greatly aggravating any existing trouble. Recently I was called to remove a supporter that a lady had worn for over six months, it having been placed by a doctor in New York, with orders to let it remain until a cure was complete. After much trouble and torture to the patient, I succeeded in delivering the “thing,” which resembled a cross between a bull-ring and a grangers’ plow clevis, and could the New Yorker be compelled to wear it for the next six months in some adjacent viscera, it would teach him a much-needed lesson.

Almost every physician can recall instances where he has been consulted by an anxious mother, who thinks that possibly her little girl of six or seven years has contracted some vile disorder from the water-closet of some public school. She has noticed a soiled condition of the child’s linen, and attributes it to infection, when the fact is that the child in the point of general health is below par; she is putting in too many hours over her books, with probably a lack of open-air and sun-light exercise. She requires a building-up—good wholesome food, nux pulsatilla, and some general tonic.

The migration of worms from the rectum to the generative organs has been known as a cause of vaginitis in children.

Probably the most frequent cause of this disorder in adults is cold and exposure, light, thin-soled shoes, and insufficient clothing; cotton under-garments, *a la* pic-nic, afford little protection against the chilling winds; they should be clad in good warm, woollen garments, and shod according to the dictates of common sense, rather than by the prevailing fashion.

In treatment, we will oftener find use for *pulsatilla*, *macrotris*, *ignatia*, *magnifera indica*, or other remedies. The use of general tonics is very valuable in some cases.

As local agents, I have obtained favorable results, in chronic cases, by using soluble medicated gelatin pencils, medicated with iodoform, bismuth or powdered *hydrastis*—see formula in January JOURNAL, page 11; while in some very obstinate cases, that are partially or possibly wholly dependent upon uterine catarrh, something a little sharper will produce better results; and I use the following powder mixture: *R.* Alum pulvis,  $\mathfrak{z}\text{j}$ .; *plumbi acetat.*,  $\mathfrak{z}\text{ss}$ .; zinc sulph.,  $\mathfrak{z}\text{ij}$ .; acid salicyl.,  $\mathfrak{z}\text{ss}$ . Mix. Fill into gelatin capsules, No. 0. One capsule to be used every second or third night, by pushing it up against the uterine opening, where it is allowed to dissolve. Any little smarting that it may occasion will soon pass off. This mixture will be found of great utility in treating old chronic cases.

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## THE UNION MOVEMENT,

W. H. S. CRABB, M. D.

EDITOR AMERICAN MEDICAL JOURNAL—*Dear Sir:* Having read your articles in your excellent journal advocating a basis for union, I will say that I fully concur with the position taken. Although I am a regular graduate, holding my diploma from a regular school, in the sense commonly understood, I am not confined to the narrow, circumscribed limits of any particular school, nor to the exclusive doctrine of any ic, ism or pathy in regard to the therapeutical application of remedies for the removal of disease, but will *select* and employ anything that my knowledge or experience teaches me is required or best adapted to each particular case, no matter what particular views are entertained by the narrow-minded sectarians, who seldom do anything for themselves.

I am acquainted with a physician, a regular, and an optimist,

who was so very partial to the peculiar views of his own particular school that he asserted that if he knew a remedy or means of cure that would positively cure and remove the disease, after using the ones suggested by the tenets of his own school, and finding that they availed nothing, he would not employ those remedies suggested by the teachings of a school designated by a name which implied or suggested opposite views from those that honored him with his diploma and degree.

Medicine is not one of those exact sciences of precision, and precision is not always possible in diagnosis and prognosis. That is one great reason why we are so often disappointed in the therapeutical application of remedies.

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## MEDICAL LEGISLATION IN IOWA.

BY W. H. CARTER, M. D.

Two years ago this winter the Legislature was in session in this State; somehow or other, a medical bill started through the lower House of Representatives. The bill was a sweeping one; on its way through, it lost so much of its color, that by the time it reached the Senate it did not favor itself. The Senate scratched, tore, interlined and so modified it that it had to go back to the lower house again. When it got there, its most intimate friends had no recollection of ever having seen it before, but finally consented to daddy the babe, if it did turn out to be a bastard. It got through finally, and the Governor put his signature to it.

We now found that all physicians who had graduated at reputable colleges were required to go before the State Board of Health with their diplomas, or send them by proxies, or mail, or some other way, and pay this State Board of Health two dollars for a certificate to practice medicine in Iowa. Well, that was not so bad after all. But the law permits old non-educated midwives to go ahead and pull the scrotum off male children in breach presentations without procuring certificates.

I mention the above from a personal knowledge of a case that fell in my hands about three years ago. An old lady told me, when I arrived, that something was wrong, but she could not tell what it was; said the lady had been in labor for forty-eight hours. She had pulled at the scrotum until it was at least five inches long, but

did not know what the hand-holt was. In all probability, she would have given up sooner to have counsel if it had been a female child. This same midwife is practicing in Iowa, and the law does not reach her.

Neither does the law reach our druggists. They are permitted to practice medicine without diploma, certificates or paying the State Board of Health two dollars. Persons can go to the drug store, give their symptoms to the drug clerk, and the druggist can prescribe and dispense without putting the M. D. to any trouble whatever.

I do not want to make the impression that I do not favor medical legislation; for I think we do need protection as a profession, and think the people need protection against the traveling quacks, who gut the pocket-books of the more ignorant classes.

We have organized opposition to our present law, and it is making an effort this winter to have the law repealed. Now this organized opposition does not come from the better class of physicians; nor does it come from any particular school of medicine, as is intimated in the *Iowa State Medical Reporter*—a thin sheet published in Des Moines every one, two or three months, claiming to be Regular—whose editor says: "This organized opposition does not come wholly from the irregular nondescript men, who, from their personal qualifications, would be opposed to any law requiring preparation and qualifications."

Now, what is the need of a school of medicine becoming so *Regular* as not to tell the truth? Perhaps my remark is too sweeping, for the entire school is not that regular. The *Reporter* wants assistance to protect the medical law against this organized opposition, but it is a question whether it is worth protecting. As to myself, I cannot see how a good law can be made out of this pseudo-come-by-chance.

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### POSTAL BRIEFS.

**APHTHÆ.—FOLLICULAR INFLAMMATION OF THE MOUTH.—EXUDATIVE STOMATITIS.**—This disease more commonly appears in children under six years of age, though it may be present at any period of life. It is a vesiculo-ulcerous affection, caused by whatever debilitates the constitution, and frequently appears as a secondary affec-

tion to digestive disorders, or to deteriorated health following various maladies. Usually the mucous membrane of the mouth is not inflamed, except at the ulcerated parts. The mucus follicles of the parts attacked enlarge, burst and discharge a whitish substance, which, being detached, leaves a small, superficial, grayish ulcer, with rounded edges, tumefied, and surrounded by a bright red, inflamed circle; usually these ulcers are distinct, and the constitutional symptoms will vary according to the severity of the disease. In the severe forms the ulcers are apt to coalesce, and there will be more or less pain; disorder of the digestive canal; vomiting; diarrhoea; small, quick pulse; emaciation, etc. Sometimes there will be a tendency to gangrene.

Aphthæ must not be confounded with another affection, apparently of a similar character, termed muguet, white thrush, or parasitic stomatitis, which also presents whitish or curd-like exudations upon the usually inflamed mucous membrane of the mouth, and which may be mistaken for the remains of milk, should the child be suckling. While the grayish or whitish secretion in aphthæ is situated beneath the epithelium of the buccal mucous membrane, that of muguet is situated upon the epithelium, and consists chiefly of a vegetable parasite—*oidium albicans*. In the severe forms of muguet it will be painful to eat or drink. And, as with aphthæ, muguet may occur as a secondary affection to several diseases, when it will indicate a serious general condition, especially with adults. The milder forms of the two affections are of short duration and terminate favorably.

As a local application in these two varieties of mucous disease of the mouth, Lloyd's Hydrastis, either alone, in the milder forms, or in combination with caulophyllum, or with an astringent, has promptly removed them. Constitutional symptoms, when present, must be met by the proper internal treatment in all instances.

JOHN KING, M. D.

**GONORRHŒA.**—The article in the February number of the *AMERICAN MEDICAL JOURNAL*, on "Gonorrhœa, or Specific Urethritis," induces me to say that in its acute form I prescribe: *R.* Balsam copaiba, ʒj.; bicarbonate potass., ʒij.; aqua, ʒij. *M. et S.* Take half a teaspoonful three times a day, and apply some to the glans penis. This has been a successful treatment in my hands. I never order injections of solutions of zinc, copper, etc.

In chronic forms, I treated two cases, man and wife, but a few days ago, which had been under treatment of other physicians. I prescribed: Syr. trifolium com. gtt. xxx. every three hours. R. Balsam copaiba, ℥ss.; potass. iodid., ℥v.; aqua, ℥iv. M. et S. The husband to take thirty drops every three hours, and apply same to glans. The wife to take internally the same dose, and to insert in the vagina a suppository of absorbent cotton saturated with the same three times daily. Pearls of sandal-wood were ordered to be taken, but no injections. In a very few days this young couple was well.

F. VON FRANKENSTEIN.

REMARKS BY EDITOR.—I think, perhaps, that if Dr. Frankenstein had a large experience in the treatment of gonorrhœa, he would not be so confident of his remedies. Of all the horrid prescriptions, those containing copaiba take the lead. While it is a balsamic diuretic, perhaps of some value, I have abandoned its use many years ago, much on account of any perceptible benefit derived, and more on account of its repugnancy. The treatment of gonorrhœa is truly empirical. Many talk confidently on their cures, but failures are in all. I believe that with a little disinfecting and thorough cleansing, gonorrhœa will get well sooner than with so much heroic display. I believe the severe injections have created much harm and little good.

Dr. Frankenstein's trifolium and iodide prescription would seem better adapted to syphilis than to specific urethritis; though I do not say it would be useless in gonorrhœa.

I have long since abandoned the powerful diuretics—copaiba, cubebs, nitre and terebinthenates. Seldom do I use an injection in the male urethra. If any, it is very mild, with zinci sulph. or boracic acid. I give, perhaps, first, a cathartic of jalap, senna, et comp., with potassa bitart.; then potassa bromidi and tinct. gelsemium. Give these in pretty full doses, and repeat three times a day. The above cathartic I repeat every evening or every other evening. A little close attention, cleanliness and quiet, and my cases get well in from one to three weeks.

SANTONIN.—*Friend Younkin, M. D.*: I noticed in the JOURNAL, of 1887, that a professional brother had serious results follow the administration of santonin. I claim there will never be a death

from the use of *santonin* if it be combined with a stimulant antispasmodic and cathartic. I have used the following prescription to a considerable extent for about three years, and have never known any unpleasant symptoms to follow: *Santonin*; pulv. *asafoedita*; pulv. *ipecac*; *podophyllin*—enough of each, according to age to make six powders. A powder every six hours. It is more certain to bring worms when each dose is incorporated in elm mucilage.

Perhaps some brother will object to everything in this prescription except the *santonin*. If this be the case, give *santonin* and sugar. Get no worms. Have green urine and convulsions.

J. M. ALLISON, M. D.

**ARM PRESENTATION.**—I was called in haste, on January 29th, to assist Dr. Armfield, of Rock Creek, Ark., in a case of difficult labor, Mrs. W., æt. 35, was taken in labor three or four days before, and it was thought to be a simple lingering case, until the night of the 25th, when the left arm made its appearance. Dr. A. manipulated in various ways with the case, and tried different positions, but all to no avail. When I arrived I learned the arm had been down five or six hours, and the case seemed to be an extreme one, the suffering being intense. The powers of life seemed to be flagging; the pulse at the wrist were scarcely perceptible. I conferred a few minutes with Dr. A., and we determined to change the case from an arm to a foot presentation. I very easily replaced the arm back in the womb, and at the same time continued my hand up, and cautiously brought down a foot. There was then a reaction in the womb and delivery was effected in a few minutes, and apparently with ease. Cleansing being effected, we warmed her up (for the weather was very cold) by artificial heat and stimulants, and reaction slowly came up, and I left the case with Dr. A., who continued visiting her until she died, which was on the third day after delivery.

I have met with several cases of arm-presentation in the last few years, and I am of the opinion that turning without delay is the safest course, and will give the best average results. This lady had went through eight labors, and never had a natural one—seven breach, and the last an arm presentation. I cannot tell what the immediate cause of death was in this case, unless it was the excessive tax upon the system and consequent prostration.

A. STANDLEE, M. D.



**WHO ARE THE IRREGULARS.**—*Professor Younkin* : I regret that Professor Austin Flint died prior to the convening of the late Medical Congress; for it would have worn a different garb, and would not have been to-day in deep mourning. It would have been the most successful meeting of the International Meetings, and an honor to American physicians. However, according to Dr. Flint's logic, all classes of physicians bearing distinctive names are classified as irregulars; yea, even the Regular himself. To say that "the assumption of distinct name constitutes an irregular" is a very frail way of putting it. The more one thinks of this logic, the less he sees in it. Doctor Toner says as to Doctor ——— and Doctor ———: "I never saw either of them. They made application by letter, enclosing check for their fees, but at the same time frankly stating that they were Eclectics. This was a bar to their registration, and as soon as I had time I sent the check back in a registered letter, declining to register them." They were considered irregular, and thus debarred from registration in the Medical Congress. According to Dr. Flint, these physicians would have been admitted to the Congress, and entitled to all the privileges accruing therefrom. If the greater and the lesser lights of the Old School differ so widely upon the question—who are Regulars, and who are irregulars—who shall say which is which?

G. E. POTTER, M. D.

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**TREATMENT OF HEPATIC ABSCESS BY ASPIRATION.**—Prof. E. Souchon, in a paper recently read before the Orleans Parish Medical Society, presents the following résumé of points of primary importance:

(a) When a patient is affected with any disease which may produce abscess of the liver, we should constantly observe the hepatic region. Vigilance is the price of success. (b) We should explore with the aspirator upon the least suspicion, because the smaller the abscess the greater the chance of success. (c) Acute abscesses, when small, may be cured by aspiration (once or twice), but large abscesses, which refill rapidly after a first aspiration, should not be re-aspirated, but should be treated by other means *at once*. (d) Subacute and chronic abscesses are often cured by aspiration. Success is in inverse proportion to their size. They should be aspirated *three or four times* before using other measures.—*N. O. Med. Journal*.

*REPORTS OF SOCIETIES.*

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MINUTES OF THE NINETEENTH REGULAR MEETING OF THE ECLECTIC MEDICAL SOCIETY OF MISSOURI, WHICH CONVENED JUNE 2ND AND 3RD, 1887, IN THE MAIN LECTURE HALL OF THE AMERICAN MEDICAL COLLEGE, 310 NORTH ELEVENTH STREET, ST. LOUIS.—President Williamson called the Society to order at 10 o'clock A. M. All officers were present. Minutes of the last previous meeting were read and approved.

The Censorial Committee being absent, the President appointed Drs. A. V. Thorpe, Geo. C. Pitzer and H. L. Henderson as Temporary Board of Censors.

The following applications for membership were then handed in, and upon a vote being taken they were all declared elected: Drs. E. L. Standlee, John Allen, R. T. Etavard and S. F. Curry.

The President then delivered his annual address, which was highly appreciated by those who had the pleasure of hearing it.

Secretary and Treasurer then made each his annual report. Drs. Pitzer, Allen and Henderson were appointed as auditing committee.

Dr. S. F. Curry was elected delegate to the National Eclectic Medical Association at Waukesha, Wisconsin.

Prof. Albert Merrell then spoke in regard to the State Board of Health; gave many interesting facts concerning its past history. He suggested that a committee be appointed to draft suitable resolutions expressive of the wishes of the Society as to the continuance of said Board, &c.; also that the Society should, by suitable action, make known to the Governor its preference as to who should represent the Eclectics of Missouri on said Board of Health after the expiration of Prof. Merrell's term, July 1, 1887. The President appointed as said committee, Drs. Geo. C. Pitzer, E. Younkin and E. L. Standlee.

The Auditing Committee reported that it had examined the books and reports of Treasurer and Secretary and found them correct. The reports were accepted.

Adjourned.

Afternoon Session, 2:30 P. M.—President Williamson in the chair and all officers present.

Section E. Prof. Pitzer, under section E, had no set report to make. He, however, made a very neat and rare address upon electricity. "It is not," he said, "well for the general protection to waste time with electricity. It is well, however, to own and have at hand a magnetic electric machine." He defined to the satisfaction of all present the difference between static, galvanic and faradic electricity. He also spoke of the different phases of disease where the different kinds of electric currents prove the most beneficial.

Secretary Hamlin next read a paper entitled "Rare Skin Diseases," by T. Hodge Jones, M. D. This paper was discussed by Drs. Merrell, Pitzer, Henderson and Standlee.

The committee appointed to memorialize the Legislature in relation to making an appropriation sufficient to adequately support the State Board of Health of Missouri, brought in the following report:

*To the Governor, the Hon. John S. Marmaduke*—The Eclectic Medical Society of the State of Missouri, in convention assembled, respectfully request that you would call the attention of the Legislature, now in session, to the inadequate protection of the State against the introduction of disease infection to man and animals, thus jeopardizing the health of its citizens and threatening injury to other material interests, and that you urge upon them that the State Board of Health be provided with such financial support as will enable it to effectually enforce the laws now on the statute books in relation to the public health and live stock interests of the State.

Signed,

E. YOUNKIN, M. D.

GEO. C. PITZER, M. D.

E. L. STANDLEE, M. D.

(Adopted June 3, 1887. Copy presented to the Governor June 6, 1887.—SEC'Y.)

Adjourned to 9 A. M. June 3, 1887.

Second Day's Proceedings, Forenoon.—President E. J. Williamson called the Society to order at the specified hour.

Board of Censors reported for membership Dr. B. E. Buse, of 311 Gratiot street, St. Louis. He was balloted for and elected.

A communication was then read by the Secretary from Prof. W. V. Rutledge, M. D.

Resolution, referring to the appointment of Prof. Albert Merrell as member of State Board of Health, was read by Dr. E. Younklin. It was unanimously adopted.

A paper on Electro-Therapeutics was read, which brought out quite an animated discussion, participated in by Drs. Younkin, Gibbs, Foreman, Henderson and others.

By motion and second an Annual Committee was created, and the following appointed by the President as such committee: Drs. Albert Merrell, H. V. Thorpe, E. J. Williamson and C. A. Gibbs.

Quite a large number of interesting cases were reported, among them several cases of "Heartbroken" by Prof. Pitzer.

The Society next proceeded to the election of officers for the ensuing year, which resulted as follows: President, H. L. Henderson, M. D., St. Louis; Vice President, M. M. Huddleston, M. D., Big Spring; Secretary, M. M. Hamlin, M. D., Gray's Summit; Treasurer, E. Younkin, M. D., St. Louis; Corresponding Secretary, E. J. Williamson, M. D., St. Louis.

Afternoon Session, June 3, 1887.—Prof. Dickinson performed an operation for double strabismus.

Dr. C. A. Gibbs read a paper by Title on "Electricity in the Treatment of Uterine Displacements."

Dr. John Allen read a paper on Dysmenorrhœa.

A communication from the Eclectic Medical Society of St. Louis was read, requesting the Governor to reappoint Dr. Albert Merrell as a member of the Missouri State Board of Health, whereupon it was resolved that this Society act in conjunction with the Eclectic Medical Society of Missouri in making this request. Carried.

In his annual report Prof. Younkin said, while it was ordered that the Publication Committee print the proceedings in pamphlet form, it was regarded, after due consideration, that the Society would be better served by publishing the proceedings in the AMERICAN MEDICAL JOURNAL and have a thousand extra copies distributed throughout the State. This, I believe, has been a good movement, although, perhaps, the results of the expenditure may not be as promising as we could wish. You will permit me to say that the response from the physicians of your branch of the profession is not as full as it should be. It seems that instead of the disposition to help, the inclination is to be helped, and we cannot learn, that for the time and expense of supporting our State Medical Society, we are rewarded for all we do and give. Our men are too much inclined to regard the support of organizations as a kind of self-

sacrifice and an act of charity. They cannot see that to be an active member of such societies they gain identity and prestige that strengthens every stake and holds every cord to support their individual camp.

The Secretary was authorized to furnish an abstract of the proceedings of this meeting to the editor of the A. M. JOURNAL for publication.

The Treasurer was instructed to procure for the use of the Secretary a medical directory.

Committees: Censorial—Drs. A. V. Thorpe, Geo. C. Pitzer, H. L. Henderson; Annual Committee—Drs. Albert Merrell, A. V. Thorpe, E. J. Williamson and C. A. Gibbs, M. D.

H. L. HENDERSON, M. D., *President.*

MONT. M. HAMLIN, *Secretary.*

P. S.—The announcement and programme for the next meeting will, I think, be ready for publication in thirty days. We expect a grand good time at our next meeting, and it is earnestly expected that as many Eclectics as can possibly do so will be in attendance.

Every Eclectic in the State will hear from me within the next three months. Please be ready with an answer.

Truly your obedient servant,

M. M. HAMLIN, Sec'y E. M. S. of Mo.

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ANTISEPTIC CANDLES.—Drs. J. H. Casson and G. Brownen (*Medical Press*), experimenting with iodine and salicylic acid, find that they can combine these drugs and incorporate them with fats, paraffins or wax, forming them into candles, which when lighted will emit the iodine and phenol in a gaseous or vaporized form.

In cases of asthma, spasmodic cough and hay catarrh the patients have experienced great relief from the vapors thus liberated. As a deodorizer, the action of these vapors is marked. Tobacco-smoke is quickly destroyed; stuffy rooms and badly-smelling closets are readily purified.

When the combustion is rapid and complete, the phenol is destroyed, as are all other organic materials, as eucaliptus, etc.; but the iodine, being inorganic, is wholly volatilized and thrown out as vapor. A faint odor of the iodine is detected, but not unpleasant nor irritating.

*SELECTIONS.*

**URETHRAL CARUNCLE.**

BY WM. GOODELL, M. D.

The next case is one of caruncle of the urethra. This is *simply a very sensitive polypoid growth at the meatus urinarius*. These growths vary in size, and cause a great deal of pain on micturition, but there is no relation between the size of the growth and the amount of pain. The history which such a patient will give is: that there is pain in coition, especially at the first entrance of the male organ; that there is pain on micturition; and that she has a constant desire to pass water. As women are so liable to irritable bladder from a variety of causes, the real condition is often overlooked by the physician, who ascribes the symptoms to some uterine condition, and therefore makes no examination. In these cases you should always examine by inspection. Under the guise of passing the speculum, you can do this without difficulty, and determine whether or not there is any growth at the mouth of the urethra. If it is not convenient to make a visual examination of the part, you can, with the index finger in the vagina, press the thumb against the urethra, and at once the women will flinch. The sensitiveness is so great that the patient will shrink from the touch even of a camel's-hair brush.

In the treatment of this affection, I catch the growth with a tenaculum, and with the scissors remove it, taking care to include a considerable portion of the healthy mucous membrane around the growth. Having done this, I sear the raw surface with the Paquelin cautery. If this instrument is not available, the end of a knitting-needle, heated in the flame of an alcohol lamp, may be employed.

The question comes up at this point—Will not this operation tend to produce contraction of the meatus? I have asked myself that question many times. I have removed as much as three-fourths of the circumference of the meatus, and yet I have never seen any inconvenience follow the operation. I attribute this to the fact that here we are dealing with mucous membrane, which is not so liable as the skin to contract.

The cautery is applied to prevent the return of the growth. It is also of service in checking the hemorrhage. If there should be bleeding, it can be controlled by introducing a sponge into the vagina, allowing a portion to project from the vulva in such a way as to press on the urethra. The after-treatment of this case will consist in the application twice a week of undiluted carbolic acid (Calvert's No. 4), until the raw surface has skinned over. It is sometimes necessary to repeat the cutting operation, but this is not often called for. In those cases where the woman will not permit this operation, the growth can be touched twice a week with crystals of carbolic acid, made fluid by heat. This is a painless application, and is effectual in mummifying the growth and rendering it less sensitive.

—*Polyclinic.*

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### SCARLET FEVER—PROPHYLAXIS AND TREATMENT.

In a letter to the *Lancet*, October 8th, Mr. Arthur Wiglesworth describes his treatment of scarlet fever. Some years ago he used carbolic acid, but not being satisfied with the results he obtained, he returned to the old method of treatment. Reconsidering this more, however, and having in view the possible microbial origin of the disease, he resolved to use carbolic acid once more, and to push it, both as regards dose and frequency. He says: "The result, since I arrived at definite conclusions concerning the dose and its frequency, has been that even during severe epidemics I have never lost a patient, though I have treated now nearly 300 cases. Out of this number, I have had but three cases of albuminuria; one of glandular suppuration; but no aural or nasal complications; no secondary fever or cardiac disease; and a rapid recovery, from even severe cases, that I have never before witnessed. I use liquid carbolic acid, specially prepared for internal use, and rendered liquid by the addition of 10 per cent. of water. In children from two to six years of age, I order three minims, in syrup of orange-peel and water, together about an ounce; and this must be given every two hours, night and day, for the first three days, longer if necessary; but if the patient is doing well, every three hours, until the fourth or fifth day; then every four hours, until all danger has past; and, finally, three times a day, until perfectly convales

cent. In older patients, the dose should be four minims, and in adults even five or six. I have found eight minims (equal to over seven grains of pure carbolic acid) the maximum dose. Beyond that I should hesitate to push it, as at that dose nausea, griping and diarrhoea result. Naturally, with an increased dose the menstruum must be proportionately increased, so as to do away with the rather hot, acrid taste of the acid. It is, however, a matter of the utmost necessity that in the early stages the dose should be every two hours, night and day, and the patient, if asleep, awakened to take it. It is in the frequency, as well as in the dose, that safety is found. Carbolic acid when introduced into the system is extremely "fugitive," entering into combination with well-nigh everything that it comes in contact with; hence the absolute necessity for its persistent frequent administration. An almost infallible test as to whether the dose and its frequency have been duly observed is to be found in the urine; in fact, I might also add whether the dose is sufficient. In the course of from twenty-four to thirty-six hours the urine begins to present a smoky hue, somewhat similar to that observed at the commencement of hæmaturia, and in time becomes almost black. The absence of this hue indicates either that the frequency of administration has been curtailed, or that the dose is not sufficiently large. I have never known it absent, even if the dose has only been two minims, provided it has been administered every two hours. I never consider my patient safe until this peculiar hue is present, the deeper the better. That this peculiarity of the urinary secretion is not due to the blood I have practically demonstrated. It is, I am of opinion, the result of some peculiar combination of the carbolic acid with the products of renal excretion; for the urine is sometimes passed quite clear, but in the course of a short time assumes the characteristic hue. I consider this color of the urine of the utmost importance, as only upon its appearance can we assume that the drug is thoroughly saturating the whole system; for so rapid is its excretion that when the carbolic acid is ordered to be given only every four hours the tint disappears. This is the treatment that has proved so successful in my hands. But to be effective it must be commenced *ab initio*. It will not do to begin on the second or third day, and if failure ensues credit it to the treatment; though, possibly, even then it may prove better than the old system.



I do not interfere with the ulcerated tonsils, which, so far as my experience goes, are invariably affected in scarlet fever. I look upon the extent of the ulceration as an indication of the severity of the attack, and increase the dose of the acid. Desquamation, as a rule, is neither so prolonged nor so acute. I have had no occasion to again resort to cold baths to check excessive temperature, the highest record being 104.5°. Only twice have I had serious nervous disturbance, which was speedily subdued by large doses of brom. potass. With reference to the administration of carbolic acid as a prophylactic, I have used it with the happiest results. I give to all the other inmates of the house who have never had scarlet fever, irrespective of age, one minim of the liquid carbolic acid three times a day, and I do not prohibit intercourse with the sick. Each case must be treated on its own merits. The treatment should be commenced the same hour that the case is diagnosed. The severer the case at the outset, the larger the dose. Well diluted, and flavored with tincture of orange peel, the taste is not unpleasant. Extreme nervous excitement should be treated with bromide of potassium; and extreme nervous depression with brandy and the usual adjuncts. Dismiss the idea that any harm can ensue from these doses of carbolic acid; but, when possible, patients should be seen at least twice a day, for the purpose of either increasing or lessening the dose.—*Med. Abstract.*

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### *MEDICAL AND SURGICAL ITEMS.*

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**IODOFORM IN HEART DISEASE.**—The experimental research obtained in dogs by the use of iodoform has shown that this drug retards cardiac contraction. The fourth of a grain in pill, taken every two hours, rapidly dissipates the functional derangement of the heart dependent on valvular disease.

**THUJA OCCIDENTALIS.**—Pointed condylomata, according to a recent discoverer writing in the *Prat. Méd.*, shrivel and fall off in two or three days if painted with the tincture of *thuja occidentalis*. The remedy is said to be preferable to all others, where excision cannot be made. In the *Bull. Com.*, October, "E. F." finds that

thuja articulata was used thirty years ago for this purpose, and wonders why it has fallen into desuetude.—*Am. Jour. Phar.*

**ANOTHER COUGH REMEDY.**—Dr. Stocquart, of Brussels, recommends 3 or 4 milligrammes of apomorphine in water to be given in twenty-four hours for distressing and frequent hacking cough attended with difficult expectoration. Improvement is usually effected in a few days, and the drug is usually well borne. As the solution rapidly alters by keeping, it is advised to prevent its decomposition by the addition of a few drops of hydrochloric acid, which does not interfere with the therapeutic effects.—*Pacific Record.*

**A NUTRITIVE ENEMATA.**—Take a tablespoonful of bovine ; next heat half a cup of 20-per cent. solution of glycerine, with a pint of starch, and add a wineglassful of red wine ; then pour in the bovine, taking care that the solution is not too warm to coagulate the albumen of the bovine. Before injecting, the rectum should be emptied by clyster.

**JABORANDI IN ERYSIPELAS.**—Prof. Waugh speaks highly of jaborandi in the treatment of erysipelas. He recommends twenty drops of the fluid extract every two hours, until perspiration sets in. If the disease has a tendency to recur, the use of the drug is resumed.

**SYPHILITIC INFECTION BY A RAZOR.**—Professor Fleisher, of Kief, has reported a case where a man contracted syphilis from an infected razor. Another case has been reported—that of a soldier who had been infected with a primary sore of the chin, from being shaved in a public shaving-shop in Tiflis.

**THE CHEMISTRY OF SLEEP,** as shown in the difference between the respiratory combustion of natural slumber and that which is produced artificially, was considered in a paper presented by M. de Saint-Martin. He observed that, independently of the fasting condition, natural sleep lowered by 50 per cent. the amount of carbonic acid exhaled, and by ten per cent. the amount of oxygen absorbed. During sleep induced by morphine the proportion of carbonic acid exhaled fell to a half, and during that produced by chloral or chloroform to a third of the quantity exhaled during the same time in

natural sleep. During chloroformic anæsthesia—sufficiently prolonged—the blood became impoverished in oxygen, and was charged with an increased amount of carbonic acid.—*Le Prog. Méd.—Am. Jour. Phar.*

LAPPA MAJOR AS AN EMENAGOGUE.—Dr. F. M. Stratton (*Medical Brief*) claims having discovered, while prescribing lappa major for a case of psoriasis, that this drug was of use in suppression and irregularities of the menses.

His case was that of a lady afflicted with psoriasis and a victim of suppression and irregularities of the menses. Soon after using teaspoonful doses of a saturated tincture of lappa a profuse flow of the menses ensued. She was ordered to cease the use of the remedy for a time and begin again with half the quantity, which she did, but the same results followed. Since that time (five years ago) the doctor says he has invariably prescribed lappa major as an emenagogue, and it has not failed him. He uses it in drachm doses, beginning a few days before and extending a few days beyond the period. In cases where a cathartic action is required, he uses with it aloes.

TREATMENT OF DIPHThERIA.—Dr. J. A. DeArmond (*Medical Brief*) gives a treatment of diphtheria, which he says will not disappoint you: "Apply peroxide of hydrogen locally. Give five grains of benzoate of soda in a teaspoonful of the saturated chlorate of potash, in water, every half hour or hour. Use a gargle of vinegar in water, one part to ten. Give little physic. Give plenty of milk, and stimulants, if needed. Don't apply acids or other corrosive substances to the throat. Keep the nose clear. If it is blockaded, use a nasal douche, and a warm, weak solution of the sulphite of soda. Apply turpentine and lard or warm poultices to the neck. Finally, remember that calomel and hydrochloric or nitric acid have run a neck-and-neck race with many an epidemic of diphtheria. When the disease didn't kill, the remedies did."

CHINESE TREATMENT OF HYDROPHOBIA.—The *Medical Record* is responsible for the statement, that when a person is bitten by a mad dog and shows signs of rabies he is strung up by the hands and feet until recovery or death ensues. How do these statistics tally with Pasteur's method?

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E. YOUNKIN, M. D.,

EDITOR AND PUBLISHER.

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## SPECIAL CONTRIBUTORS:

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Mo.

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J. H. TILDEN, M. D., Wichita, Kas.  
ALEX. WILDER, M. D., Newark, N. J.

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Clinical Reports, Surgical Operations and Notes of Interesting Cases  
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The Editor does not hold himself responsible for the views of Authors,  
and reserves the right to condense lengthy articles.

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## EDITORIAL.

### THE HIGHER MEDICAL EDUCATION.

"Strange that a harp of a thousand strings  
Should keep in tune so long."

The medical profession has, for some time, been aroused upon  
the question of a higher standard in medical education. That it is  
a desirable object is a fact not to be denied. That the effort upon  
the part of certain individuals, certain bodies and boards of health,  
is honest, legitimate and true, is a fact not to be disputed. But is it  
not a fact that the plea is, in the main, a ruse, a farce, a snare, a  
bugbear and a humbug? Those who are pleading for a higher

standard of proficiency may be considered under one of three classes :

1. Those who honestly feel the actual need of a higher standard.
2. Those who harbor the delusion that the higher education might cut off all schools and pathies but their own. And,
3. Those who plead a higher education simply to play their own intrigue and carry on their own nefarious designs.

Of the first class we have but little to say. With this class the idea, perhaps, was first conceived. No better thing could be inaugurated than to have such a standard; a standard high and uniform would certainly place the profession upon a more scientific basis, and would do more to create unanimity and harmony in the rank and file than anything else. When this day will appear we know not. We can labor for this end, yet the hope of an early consummation can scarcely be expected. When it comes, let it be high and unlimited; let it be cosmopolitan, and not sectarian.

The second class who plead for a higher standard imagine that graduates of other medical colleges—colleges other than their own particular pathy—are manufactured out of the lower strata of society; and hence, if the standard be raised, it will lift it beyond the reach of this class of society. In other words, a higher standard of education would choke out homœopathy and eclecticism, leaving the "regular" profession as a shining star in the medical firmament.

If the attainments were not possible with other schools, this argument would have a telling effect upon some. But when we take into account the facts that all possess the same intelligence, the same means, the same energies, and are eager for the same position in education, it turns out that our second class are laboring under a great delusion. If there ever was a time when one medical party could say to another, "We are the educated, and you are the ignorant," that time is past now, for all schools have the educated, and all schools have their ignorant.

But the third class demands the keenest and most searching analysis. This class uses the plea for a higher standard only for a cloak and for buncombe. A careful investigation of medical colleges would bring to light the evidences, that their plea for a higher education, is only to keep on the good side of boards of health, and on the bad side of the profession. We know what we are talking about, and we make no statements but those we can verify.

A certain medical college starts out by saying :

*" The Board of Trustees and Faculty have raised this institution to a high grade of proficiency, and demand a three years' course of medical instruction; in accordance with the most respectable colleges."*

Now, this looks spacious on the door-plate and on paper. This same institution will not keep company with what it calls "irregulars." It refuses to give credit or recognition to the attainments of those who have honestly earned their diplomas in a homœopathic or eclectic medical college. This is the *high ground* it has taken. That same institution confers its diplomas upon men who have never taken lectures elsewhere, provided they take one course of lectures in its college halls. A man holding a diploma from an *irregular, bogus* medical college, now defunct, received from a professor of this same college the promise of entering the graduating class, provided he would attend the remainder of the session (two months). This is raising the standard of medical proficiency with a vengeance.

We have in mind another college, that announces a "preliminary examination," and requires a certain proficiency in the English branches. The following letter, I think, will show the height of the mercury in the thermometer, in the college we have under consideration. This letter is from a student who attended the college, whose name we leave blank. The date, name of the writer, and the college he had attended, we prefer to withhold. He now makes application to the Dean of the American Medical College as follows :

*" Der Sur I tak opetunety of ritin yu foro infomatium Concerning the Ameercan Coleg I want to know whethe i Cood Come the Las of Novembur & gradat that Sessun or not i tend the ———— medicle coleg Las winter & i thot of Coming their if i Cood gradat that Sessun i hav ben practising 4 years pleas answer at once for i want to no to Come or not*

Suffice it to say that he was not satisfied with the requirements of the American, or rather the American was not satisfied with him; and he is now attending a college that announces a good English education, and we suppose he will soon be ready to look down on all who hold exclusive dogmas and who are not so regular as he.

Possibly this does not beat the following, taken from the *National*

*Druggist*, emanating from Bear City, Ark., sent to a druggist by a registered physician of that region:

"Podoflin 5 cts. Leptandra 5 cents, ruberb 5 ct. Pounded balsam-phur 5 cts Turpantine 5 cts Niter oz 10. To be mixed and took at bed time."

Now, we believe "there is something rotten in Denmark." We do not ask that the higher standard be taken off, but that State boards having these matters in charge shall look after those medical colleges that set forth this requirement for a mere show.

The question is raised whether it would not be better to take the granting of diplomas away from the medical colleges and give this power to State boards. Is it not a fact, however, that these boards are, as a rule, as poorly prepared to determine the qualifications of candidates as the medical faculties? So long as they are made by political ropes and pathy prejudices, they cannot but be less qualified than college faculties.

The following letter may be interesting reading, to members of State boards of health especially:

"*Dear Sir*. I Wish Some information I Wat to atend Your chool Befor long if it suits me I have Bin in the practice of Med-ison ten years practicing now on Surtificat from State Board Can I gragate on one turn or not I wont attend no chool that Wont give me papers on one turn"

### WARRING WITH THE BACILLUS.

The great problem now is to find the germicide that will kill the pathogenic bacteria and not kill the body.

Man cannot withstand the germicide whose toxic action is of sufficient strength to kill the germ.

Once hidden away in the fluids of the body, the bacillus can grin at the doctor's calamity, and mock when the work is at an end. He refuses to sniff the fumes of sulphur, the carbolic vapor, or the Bergeon gas; he will not be enticed with the flavor of iodoform, the perfume of turpentine, nor will he be stultified with alcohol.

He stands behind his vital breast-works and bids defiance to the bichloride shot. He floats in thymol pickle of 140 grains; and wades through the blood of man mingled with two pints of alcohol. He breeds his young in the boracic pabulum; and raises his head above three ounces of phenol. All of which are beyond the powers of man to endure.

The germicide is not yet found which, when diluted to the point of safety for the life of the patient, will be of sufficient strength to kill the bacteria within the living body. That point may never be gained, yet many are hoping for it. As it is, the war is virtually at an end. The bacillus may be slaughtered when found in the air, or when perched upon external tissues, but, when within, we may bark at the hole through which he entered, but we cannot drag him out or kill him within.

What then is to be done? We fall back upon the doctrine, not of antagonism, but upon the *vis medicatrix naturæ*—the healing tendency of nature. And by aiding nature we hope to overcome disease, or to allow nature to reassert her rights.

Somehow, we have always been somewhat skeptical on the doctrine that these little germs were such great enemies to life. We have been taught to believe that man was made the crowning excellence of creation—the master-piece of Divine Wisdom—and now for him to succumb to the power and invasion of bacteria, I must conclude that my former faith rested on tradition or superstition; or, holding to that, the doctrine of bacteria is groundless. While there would seem to be some pretty substantial arguments to support the germ theory, may we not still ask: Are these germs the cause of disease? Or are they not the products of decomposition? Will not the cadaveric alkaloids or ptomaines, without germs, produce disease? And will not germs be produced through chemical decomposition?

Dr. D. W. C. Wade (*Cincinnati Medical News*), assuming that septicæmia is due to germs, which after incubation under favorable circumstances become bacteria, says it is natural to look to those agents that are known to have a peculiarly destructive effect upon the lower forms of life to put an end to so formidable an affection, but that it must be borne in mind that the power of a septicide depends upon its state of concentration—that is to say, all destroyers of the lower forms of life may be rendered entirely inert by dilution. It matters not how many bacteria are to be dealt with, for an amount of destroying agent sufficient to kill one animalcule in a given quantity of fluid will kill all; and the whole question of the amount of antiseptic required depends upon the amount of fluid in which the bacteria float.

Let us apply the question to bacteria in the blood. We estimate the amount of blood in a person weighing 160 pounds at 20 pounds.



The amount of commercial alcohol (alcohol being one of the best germicides—thirteen and one-half per cent. paralyzes bacteria) required to cause the movements of bacteria to cease in this amount of fluid would be over two and a half pints, which is considered entirely impracticable. The amount of thymol to accomplish the same object would be 140 grains, which would doubtless destroy the individual. Of carbolic acid it would take at least three ounces, which, of course, could not be borne. And, so far as is known to-day there is no agent that can safely be introduced into the circulation at one time that has the least influence on bacteria in the blood. Failing, therefore, in finding a germicide of sufficient concentration when introduced into the circulation to be tolerated by the system, Dr. Wade falls back upon cardiac stimulants and those agents that will increase nerve nutrition—thus keeping up the powers of life for nature to assert herself and overcome the disease. Of the agents mentioned, he thinks bisulphate of quinine better than the sulphate, because more soluble; ether, because it is a most rapid heart stimulant; camphor because it is a lasting stimulant; ammonia and whisky are also desirable. He recommends, with all, beef pulp as a food.

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### COMING TO IT AT LAST.

The *St. Louis Medical and Surgical Journal* says: "What is called 'allopathy' is not a 'pathy' or a system, but a true *eclecticism*, which finds good in all systems." "The true physician is he who adopts, as a cardinal motto, 'Search and try all things, and hold fast to that which is good.'"

Well, if this is what allopathy is coming to, we have reason to thank God and take courage. If "to search and try all things and hold fast to that which is good" is the cardinal motto of the true physician, that body of physicians known as eclectics cannot be very far out of the way, as this has been their motto from the very beginning. It might, perhaps, be a little troublesome for the author of the above remarks to make clear the statement that allopathy is neither a pathy nor a system; still, we shall not call on him for this laborious effort, if he will make good his word—find good in all systems; try all things and hold fast to that which is good. It is a fact well known in the history of allopathy that this school has been very slow, indeed, in adopting principles and remedies

that have been devised by homœopaths, hydropaths and eclectics. Though, for the sake of holding a subscriber of advanced views, the editor of the above journal further says: "He approaches nearest to the perfect model of a physician who, keeping abreast of the march of human knowledge, seizes upon each and every demonstrated fact, whether in physiology or pathology, therapeutics or hygiene, chemistry or physics, and makes use of it as one more weapon placed at his disposal in his life-long battle against disease and death. He who, engaged in deadly combat with a mortal foe, would refuse a knife because it was not of Sheffield steel, or a pistol because it was not the latest model of Colt or Remington, would be as wise as that physician who refuses a method, or a remedy that promises good results, simply because it was devised by a homœopath, invented by a hydropath, or recommended by an eclectic." We most heartily commend this sentiment to all our allopathic friends and foes, and would say, as the eclectics first occupied this ground, that "While the lamp holds out to burn," etc.

Or, if our worthy confrere will show how allopathy is not a "pathy," and how allopathy is a "true eclecticism, which finds good in all systems," and wherein it rests on the motto, "Search and try all things and hold fast to that which is good," he will confer lasting honors upon himself, and will at once win the favor, fellowship, and sentiments of a growing body of respectable physicians known in this country as eclectics.

Furthermore, if ye editor will show where the present school of eclectics have come short of the principles set forth in the above, as relating to "eclectic," we will gladly cease to do evil and learn to do better.

We believe, however, that while the sentiment referred to sprang from the inner depths of the heart, it was not very cautiously written, or if it had, the editor never would have said "allopathy is not a pathology or a system."

Returning now to the first sentence, we would like the editor of the *St. Louis Medical and Surgical Journal* to tell us how it is that "allopathy is not a pathology or a system, but a true eclecticism," yet those who made application to become members of the allopathic Congress, stating that they were eclectics, were debarred registration on this ground. (See page 118). This kind of jum-

ble perhaps accounts for that part of the above remark that states that allopathy is not a system; but why true eclectics cannot register with "true eclecticism" is the part we cannot fully understand.

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### HEREDITY

I find the subject of heredity too deep to be developed by superficial thinking, and at this moment I am illy prepared to give anything like a reasoning upon the subject.

It is evident to my mind that every person has a destiny by virtue of his own inheritance; and that each individual is a necessary consequent of antecedent germs, which, like seed, bring forth fruit of their kind. It is said that no two blades of grass nor leaves are alike; nor can there be two persons exactly alike. However close the resemblance, each one has his individual characteristics. These fit him for his place in life, and serve to distinguish him from all other beings.

It is not fair to speak of the nature of man; we should speak of his *natures*. Man has an animal nature, a human nature, a family nature and an individual nature.

Two brothers may differ in features, but may be alike in their family nature. Of such we can say they are brothers. Two strangers bear close resemblance to each other, but differ much in their individual nature. Two are very much alike in their individuality, but they bear no resemblance in their physical characteristics. Man may inherit not only his general characteristics, but he may inherit the peculiar individual nature. Our disposition, tricks of thought and moods of feeling are like the humors of the body—are inborn, and break out at one period or another.

The potentialities of human nature are a little like oil and water—they do not mix readily. For generations back, along the line of descent, individual characteristics have their origin, and they may in certain forms await their development in his posterity when by chance they meet the suitable stimuli.

From whence comes this individuality? Once it was attributed to the particular star which was in the ascendancy at the time of birth; but then it was found that twins, born under the same planet, evinced very different dispositions. The twin sisters of Hungary, united by the back of their necks, had altogether different tempera-

ments; and the Siamese twins were made miserable by their quarrels, arising from different tastes, and, I believe, because of different politics in relation to the American civil war.

Deep in his inmost heart everybody is impressed that much of his destiny has been fixed by virtue of his *blood*. It was a proverb in Israel that the fathers had eaten sour grapes, and the children's teeth were set on edge; and Solomon proclaimed it to be one of the virtues of a good man that he left an inheritance to his children's children. Had Solomon lived in our day, he could have said the same of a bad man, but the inheritance would have been evil.

Now, while we have not the power to materially change the fundamental tendency of our natures, as the decrees of destiny have gone forth, we must be impressed with this fact also—that we are determining in our generation much of what shall be predetermined in the ages yet unborn; and it still depends greatly upon us whether it shall be well or ill with those who come after us. From a physical point of view, we would say that there is some truth in the doctrine of predestination and foreordination.

Education will show how much the brain is due to hereditary action. Here is a well-born child, from parents of culture. It has in it the benefit of ages of human culture. It has inherited its brain-substance, and by a little training it discharges its function. If you doubt this, take a child of the savage races and bestow the same education. In the one case education is playing upon a complex instrument, cultured and ready to produce perfect harmony; but in the other harsh and discordant notes, never the highest notes, with all the skill that may be brought to bear.

We note, again, that combining hereditary germs may be well-fitting or ill-fitting. In the one case a strong and stable character; in the other feeble and unstable. Two persons may be well-suited or illy-suited to produce healthy offspring. A tradition once prevailed that upon a time there was a perfect being. This person was divided into halves, which ever since have been seeking each other. The desire and pursuit of this unity is love. This is the elective affinity, by which two are drawn together in marriage.

Burdach and Lucas maintained that beauty and ugliness of children, were not dependent so much upon the beauty and ugliness of the parents as upon love or aversion which they had for one another.

### THE CROWN PRINCE OF GERMANY.

The latest account of the German Crown Prince is that the disease in his throat still shows signs of development. Opinions as to the nature of the case still differ; some maintain that the growth is benign; others attribute his condition to syphilis; whilst others contend that it is cancerous. His cough is troublesome, and the expectoration is still stained with blood. English doctors contend that the hemorrhages are due to the operation and the difficulty of adjusting the canula. On February 26th, Morell Mackenzie held a consultation with all the other physicians. Kussmann thought the recent expectorations were fresh evidences of cancer, while a microscopic examination of the blood justified the suspicion of the alveolar structure mentioned by Virchow. Virchow will shortly make another examination, and in the meanwhile Krause and Mackenzie will have charge of the case. There seems to be no settled conviction as to the true nature of the neoplasm. From this case we are taught the extreme difficulty there is in determining the character of morbid growths, even by the aid of experts and microscopes. It would seem that the result in the case of the Crown Prince is only a question of time.

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### AUTHORITY IN MEDICINE.

There seems to be much discrepancy of opinion as to what constitutes authority in medicine. Men of conscience do not like to act without authority. Much of that which physicians accept as authority may have no correct basis in fact. The authority of a king is his rightful power; yet that power may be wrong. Many take a concerted opinion as authority; still that opinion may not be true. The dictum of a man is taken by some, and the decisions of a body of men are accepted by others. Having such as the basis of our action, we speak confidently and boldly; yet the structure we have reared may rest upon a weak foundation. We examine a statement, and we accept it as a precedent worthy our confidence; thus we act upon it; yet time and further investigation may prove it a fallacy. The testimony of an expert may turn the decision of a court or jury; it may hang or free a criminal. The rightful authority is the truth in the statements. If a witness on the stand should produce the works of Gross, Ashurst, Bartholow or Scudder as authority in surgery or medicine, both he and his books

would be thrown out of court. Why? Because doctors differ, and books contradict each other. All do not accord in the same facts. Medicine is not a science with such exact precision as to lead to the truth at all times.

This leads to a disgust, and we are ready to say, "There is no authority in medicine," or turn and say, "We are authority to ourselves." Do not be hasty in such conclusions. We cannot act without authority; and to accept ourselves as authority we are no nearer the state of perfection. Every man is liable to err, as well as bodies of men and books. Now, authority should be without error. A witness is brought upon the stand; he is sworn to tell *the truth*, the *whole truth*, and nothing but the *truth*. Why so much emphasis upon truth? Because in truth there is power—there is authority. All truth is divine. No book contains all truth, the whole truth and nothing but the truth, Gray's Anatomy may be accepted as an authority on anatomy, yet it is not a perfect authority. It contains some errors. The facts are, truth alone can be authority. There is no rightful authority in medicine but the truth. In some particular cases it may be as hard to find as it is in other matters—in establishing the fact of a criminal—but it must be found before we have authority. Any man or any book is authority to me only so far as the truth is stated. It is not the man or the book, but the truth. Truth is written on the heart, in the books, on the rocks, and in the plants. It is our duty to read the truth, to search for truth, to dig for it, and to trust in it. Therefore, truth is the basis of all authority; and we have it in medicine as well as elsewhere.

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### BOOK AND PAMPHLET NOTICES.

THE GALVANO-CAUTERY SOUND and Its Application, especially in Hypertrophy of the Prostate, with Reports of Cases.—By Robert Newman, M. D. An Essay read before the Section of General Surgery of the Ninth International Medical Congress. Reprint from the *New Eng. Med. Monthly*.

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COMPLIMENTS OF THE MELLIER DRUG COMPANY.—A Book of Prescription Blanks, containing also Calendar and Table of Approximating Date of Confinement. Sent free, on application to 709 and 711 Washington Ave., St. Louis.

**SYNOPSIS OF THE SECOND HUNDRED CASES OF URETHRAL STRICTURE TREATED BY ELECTROLYSIS.**—By Robert Newman, M. D. Reprint from *Journal American Medical Association*.

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**BITS OF KNOWLEDGE.**—ALDEN'S MANIFOLD CYCLOPEDIA.—Published by John B. Alden, New York.

This is not merely a cyclopedia, but also a dictionary including every word of just claim. A book meant for the millions. The price made very low—30 volumes—per volume, in cloth 50 cts.; half morocco, 65 cts. Postage per volume, 10 cts. \$8.65, received at once, will be accepted for 30 volumes, in cloth. A very convenient book of reference. John B. Alden, publisher, 393 Pearl St., N. Y.

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**LACTOPEPTINE MEDICAL ANNUAL**—Compliments of the New York Pharmaceutical Association—Containing a Review of Harvey's work on the Circulation of the Blood, with a profile of Harvey; a profile also of Nathan Smith Davis, M. D., Sir Morell Mackenzie, M. D., John B. Hamilton, M. D., and other cuts; besides the numerous useful articles on different subjects.

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**INTESTINAL DISEASES OF CHILDREN.**—By A. Jacobi, M. D., President of the New York Academy of Medicine; Clinical Professor of Diseases of Children in the College of Physicians and Surgeons, New York. 301 pages. Published by Geo. S. Davis, Detroit. Paper cover, 25 cts; cloth, 50 cts.

This is one of the twelve parts of Physicians' Leisure Library for 1887. Whole series—paper, \$2.50; cloth, \$5.00.

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**CHRONIC METRITIS, a New Treatment, especially of Endo-Metritis, with Intra-Uterine Chemical Cauterization.**—By Dr. Geo. Apostoli, Professor of Electro-Therapeutics at the Practical School; Member of the Society of Medicine, Paris, etc. Translated by A. Lathorn Smith, B. A., M. D. 119 pages. Published by Geo. S. Davis, Detroit.

This is an instructive work upon this subject, and the name of the author is a sufficient guarantee.

SHOULD PHYSICIANS BE PHARMACISTS.—By Charles S. Mitchell, M. D. Reprint from the *Philadelphia Medical Times*.

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THE MEDICAL WORLD VISITING LIST AND LEDGER OF MONTHLY BALANCES.—The Medical World Publishing Co., Philadelphia, Pa.

This visiting list, among other things, has the advantage of being printed and bound in many thin and easily-carried booklets, which can be inserted in and removed from a handsome Russia-leather case. It is not, for this reason, so cumbersome as most visiting lists.

The companion to the visiting list is a handsome, indexed book, arranged as a ledger of monthly balances and index of accounts. The two sets of books form a very complete and handy system of book-keeping. The price of the entire set is \$2.00, and if not found satisfactory after three months use, the money will be refunded on the return of the books.

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DISEASES OF THE CHEST.—By James R. Leaming, M. D., Emeritus Professor of Diseases of the Chest and Physical Diagnosis in the New York Polyclinic; and President of the Faculty; Special Consulting Physician in Chest Diseases, St. Luke's Hospital, New York. Published by E. B. Treat, 771 Broadway, New York. 294 pages. Price, \$2.75.

This book is a collection of monographs, which appeared in different times in medical journals and in transactions of medical societies. The book is divided into three parts—"Respiratory Organs;" "The Heart;" and miscellaneous subjects—and is the *fifth volume* of "Treat's Medical Classics."

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TRANSACTIONS OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION—Vol. XV.—Giving an account of the Proceedings of the Seventeenth Annual Meeting at Waukesha, Wisconsin, June, 1887.—Edited by Alexander Wilder, M. D.

This is a volume of 384 pages; and it speaks well for this prosperous and growing body. The National Association is made up from the most energetic and intelligent eclectics of this country; and their productions, as contained in this book, are worthy the admiration and careful study of the entire profession.



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**BRIEF ARTICLES INVITED.**—Physicians from all schools and from every section of the country, whether subscribers or not, are invited to send us brief, practical articles for publication in the **AMERICAN MEDICAL JOURNAL**. Original investigations, new discoveries, notes of inquiry, singular cases, interesting cases in practice in any department of medicine or surgery, will be welcome.

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Some of our journals are saying that we have a class of "specimen-copy fiends," who live off the editors. Our experience thus far is, that it hardly pays to treat applicants so gratuitously, but still we can impugn nobody's motive, and feel that we have many of these with pure and honest purpose.

**AN ALVINE MOTOR.**—Various are the means resorted to for the relief of chronic constipation, but unfortunately most of them are, in a sense, futile, since the effect is but temporary. Dr. George W. Hoagland, of Columbus, Ohio, writes that he uses "Elixir Purgans" (Lilly), with the very greatest satisfaction, and cordially recommends it to other practitioners. The preparation is used extensively in Carney Hospital and the Lying-in-Hospital, this city; the Children's Hospital, New York; the New York Ophthalmic Hospital, and others; while it is held in high esteem by a large number of physicians. Dr. G. B. Jordan, of Worcester, Mass., says it is certainly the best "*alvine motor*" he has ever used, and that it gives satisfaction in every instance.—*Mass. Med. Jour.*

**THE INTERNATIONAL JOURNAL OF SURGERY AND ANTISEPTICS** is the imposing title of a new journal just at hand. Its management is under Milton J. Robert, as editor, and Dr. Ferdinand King, as business manager. Published at 95 William Street, New York. It is a quarterly, and bears the marks of a practical, progressive and scientific journal.

**HOMŒOPATHIC SOUP.**—The following poem, from an exchange, seems too good to be lost:

Take a robin's leg  
 (Mind, the drumstick merely),  
 Put it in a tub  
 Filled with water nearly;  
 Set it out of doors,  
 In a place that's shady;  
 Let it stand a week—  
 (Three days for a lady).  
 Drop a spoonful of it  
 In a five-pail kettle,  
 Which may be made of tin  
 Or any baser metal;  
 Fill the kettle up;  
 Set it on a-boiling;  
 Strain the liquor well,  
 To prevent its spoiling.  
 One atom add of salt;  
 For thickening, one rice kernel;  
 And use, to light the fire,  
 The *Homœopathic Journal*;  
 Let the liquor boil  
 Half an hour; no longer.  
 If its for a man  
 Of course you'll make it stronger.  
 Should you now desire  
 That the soup be flavory,  
 Stir it once around  
 With a stalk of savory.  
 When the broth is made  
 Nothing can excel it.  
 Now, three times a day,  
 Let your patient smell it.  
 If he chance to *die*,  
 Say 'twas nature did it;  
 If he chance to *live*,  
 Give the soup the credit.

—*Texas Courier-Recorder.*

**HOMŒOPATHIC COFFEE.**—A California dealer advertises homœopathic coffee. We've never tried it; but, judging from their robins' soup, we don't think we'd like it.

**A TAIL THAT NEEDS A DOCKING.**—The *California Homœopath* says that in San Diego there is a T. Docking, M. D.; L. R. C. P.; L. M.; L. S. A.; M. R. C. S., England; Member of the American Institute of Homœopathy, etc. Hence, in addition, he is justly entitled to E., M. A. I. H. The peculiar about all this is the tail. Does the doctor wag his tail? Or does the tail wag the doctor? We suggest that the *docking* should take place on the other end.

**THE BROOKLYN MEDICAL JOURNAL.**—The Medical Society of the county of Kings, N. Y., have begun the *Brooklyn Medical Journal*. The editorial work is entrusted to Joseph H. Raymond, M. D., Alex. Hutchins, M. D., G. R. Butler, M. D., Joseph H. Hunt, M. D., and Fred. D. Bailey, M. D. The editorial of the first number says that New York, with a population of a million and a half, has no less than 21 journals; Chicago, 8; Cincinnati, 4; and St. Louis no less than 9. Brooklyn, with her 750,000 inhabitants, and of those over 1,000 physicians, has heretofore been without a medical journal.

**CHANGED.**—The *Mississippi Valley Medical Monthly* has been changed in name to that of *Memphis Medical Monthly*. This name is not so exclusive, and it gives the *habitat* of the journal.

OUR readers will observe Dr. Geo. C. Pitzer's advertisement in this JOURNAL. The doctor seeks to lighten his burthen by turning his attention more specially than ever to the subjects of *Nervous Diseases* and *Electro-Therapeutics*. Dr. Pitzer has gone to very great expense in the supplies of electrical and galvanic appliances—much more than can be reached by the most of physicians—and he who knows most and is best equipped in these subjects is, of course, the best qualified to treat the diseases to which such means are applicable.

**TONGALINE.**—"Have used Tongaline for a patient who had suffered with rheumatism for two years, and at times was almost unable to walk. He improved rapidly under the treatment, and in a short time was as thoroughly relieved as if he had never been afflicted with the trouble.

"Have also derived the greatest benefit from its use for dysmenorrhœa, and can pronounce it the greatest boon to those ladies who alone can understand what such suffering is."

T. L. H. Cook, M. D.

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## *ORIGINAL COMMUNICATIONS.*

### **CHRONIC RHINITIS.**

BY E. R. WATERHOUSE, M. D.

In the practice of medicine, we receive frequent calls to prescribe for nasal catarrh; and many of us will realize, in this disease, one of our most troublesome maladies. I say troublesome, because it is difficult to do the patient justice, with the ordinary methods of medication.

By the best modes of treatment, we cannot expect to effect a permanent cure; as the same cause that produced the disorder in the first instance will reproduce it, especially should the patient reside in the Lower Lake Region, where we often experience a change in temperature of 30 to 50 degrees in six to ten hours. In many instances, nasal catarrh is of a strumous, syphilitic or traumatic nature; yet, with these conditions, every unfavorable change in the weather produces an aggravation of its morbid action.

When this disease results from inhalation of the fumes of pungent drugs, dust, or acids, or any substances that produce an irritation of the delicate lining membrane about the nasal cavity, we term the cause traumatic.

The large majority of cases that we meet with in every-day practice proceed from sudden atmospheric changes, damp cold winds, etc., which cause a congestion of the nasal membrane; each acute attack distends the membrane more and more, resolution becomes

lower at each successive round, until the parts have lost their recuperative power, and the chronic form is fully developed. The blood-vessels have gradually lost their ability to contract; their walls become soft; and, by the process of infiltration, the blood elements are carried into the connective tissue, inducing a thickening.

When we observe an acute attack, the mucous membrane shows a deep red color; and by pressing against it with a probe or other instrument, we find the blood slow to return when the pressure is removed, thereby telling us of the congested or clogged condition of the capillaries. With this inflammatory action, we observe the discharges to be of a colorless, watery nature, and often very profuse. This state of affairs not only manifests itself in the nasal cavity, but often extends downwards into the pharynx, and the patient complains of a disagreeable sensation about the root of the tongue, or a dry, parched condition of the throat. As this inflammation subsides, the discharges assume an opaque or yellowish hue, evidencing a lack of stimulus. Often the patient is annoyed by a constant dropping of the accumulations into the throat, which, during sleep, finds its way into the stomach, acting as a cause of many digestive disorders. Many cases of chronic asthma of an obstinate character result from this trouble about the stomach, through the irritation of the pulmonary branch of the pneumogastric nerve. Here we have named an asthma, for which Ptelea is a specific in most instances.

If we are to do our patient any good, we must go at the treatment intelligently, knowing exactly what conditions are present; no "guess-so" knowledge will answer here. We should not prescribe a stimulant to a part that is already over-stimulated; nor should a sedative be advised where there is complete relaxation or loss of tone. We must do our own thinking; the prescribing of a mixed-up mess of stuff, and firing at the name, regardless of conditions, may do for a certain set of practitioners, but not for an intelligent Eclectic.

If we possess a rhinoscope with a concave reflector, with a focal distance of ten or twelve inches, head-band, etc., we may often make more certain diagnosis, by bringing obscure parts into view. The rhinoscope is a very useful and valuable instrument to have on hand, the reflector being also necessary to an examination or removal of foreign bodies from the ears; every physician should have

one, thereby doing work that would otherwise fall into the hands of our neighbor, when we could have treated them had we the necessary instruments.

Another great difficulty standing in the way of a satisfactory treatment of nasal catarrh is the mode of administration of curative agents. When we go back to our anatomy, and find that the nasal cavity, as calculated from the shape and size of the external nose, is but a small part of what really does exist, and we should remember also that the most troublesome irritation is often located in its superior part, we can then realize the absurdity of expecting lasting relief from any agent snuffed up the nose, which only follows the current of air, along the floor of the nose, into the throat, and never once touching the part we are aiming at.

By the use of the atomizer, we can apply any liquid to the diseased surface, in a manner that will be productive of good, provided we take into account the condition, and select our remedy accordingly.

When the discharges and other symptoms point to a severe inflammatory condition, try Tinct. pulsatilla, gtt. xv. or xx. to the ounce of water; or Tinct. of aconite and belladonna, gtt. v. of each to the above quantity of water. If the pain is severe, with sneezing, etc., a small quantity of cocaine may be incorporated with this, and we spray the nasal cavity, both anterior and posterior, should the case so require; also the pharynx, as often as the severity of trouble demands.

After the inflammatory action has somewhat subsided, the following will be found an admirable remedy: R. Borax, powdered, ʒij.; Acid salicylic, gr. xv. or xx.; hot water, q. s. to dissolve; add distillate of hamamelis, to make o. j. Sig. Use with an atomizer. This will also be found applicable to a large number of chronic cases.

There are many other valuable therapeutic agents that may do in some cases — colorless extract of hydrastis, *Pinus canadensis*, *Ext. mangifera indica*, an infusion of common tea or sage; or, should the case call for a stimulant, Sodium chlorate and aqua pure may be the remedy, but care should be used not to get the solution too strong. Occasionally, where the discharges are very profuse, a powder may be used, by means of the insufflator, consisting of sub-

nitrate of bismuth and powdered borax. When the patient complains of the dry, parched condition of the throat, I have often relieved by a few small doses of Atropia 3x (3d trituration).

We have often found a patient whose breath would do credit to the perfumes of a Chinese "stink-pot." In such cases, their friends would be happy by prescribing Lloyd's Asepsin, gr. x. to the oz. of water, which may be used with the atomizer. It will be well to mention the use of some mild alterative to facilitate the renewal of tissue as fast as possible, as this is a very important aid, and should not be neglected. Lastly, lay aside your receipt-book, and do your own thinking, allowing common-sense to guide you. Follow the dictates of reason, and more cures will result in every department of practice.

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## DISEASE EXPRESSION AND DRUG ACTION.

BY A. W. DAVIDSON, M. D.

The controversy between Professors Scudder and Howe, on the question of "Disease Expression and Drug Action," has been full of interest to me.

It seems to me that the doctrine of specific medication rests on this question, and must stand or fall with it. If I were convinced that there is no truth in the doctrine of specific medication, I would never visit, in a professional way, another case of sickness.

I would not administer drugs, and be compelled to admit that I had no reason for it, save: such remedies have been known to have such effects; I cannot say what effect they will have here; I will try them. An emeto-cathartic dose of Podophylin will abort an attack of sickness under some conditions, but it will not do to say that it would under all. Now, do we know the disease expressions — symptoms — indications — pointing to podophylin as a remedy? We do; and when we have this expression of disease, we can administer the drug, confident that its action will tend to a restoration of health.

Our knowledge is equally as definite of other drugs in favorably influencing certain disease expressions. We say we are in possession of this knowledge—we *know* this: we are as certain of this as it is possible for observation to make us certain of anything, and we are indebted to observation for all the valuable knowledge we have.

When we observe that certain influences, brought to bear under like conditions, always produce like effects, we are forced to the conclusion that these three elements in the transaction—the influence, the condition and the result—bear a direct relation to each other.

Under certain conditions sexual intercourse results in pregnancy. Under other conditions it does not. Now there is certainly relation existing between this influence and the condition upon which pregnancy depends, from the simple fact, if this condition is not present pregnancy will not result.

This is equally true in relation to all causes and effects—the *kind* of effect depends entirely upon the state or condition when the influence is brought to bear; consequently a certain relation between influence and condition must exist.

Now, when applied to medicine, we consider the drug the force-influencing agent, disease expression the condition, and what follows the effect. Now it may be urged that the expression of disease is not the condition, but only *indicates* the condition. I take it, that it amounts to the same thing—it is the only means we have of determining the condition. In fact, we prescribe *at* expressions of disease. The expressions of disease are as essentially the disease as the words, actions and complexion of an individual. No one will urge that the doctrine of specific medication has reached perfection; it is in its infancy. Prof. Howe speaks the truth, when he says that with certain vaunted specifics, we cannot cure the worst forms of diphtheria. But I would ask: Does not specific medication offer much better results than the old, haphazard plan of treatment?

I am decidedly of the opinion that we have too many kinds of drugs. A few drugs, well understood, and of absolute purity, will give much better satisfaction.

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## SPECIFIC MEDICATION.

BY F. FISCHER, M. D.

In specific medication, we take for granted that medicine is given or prescribed in certain diseases to neutralize certain specific poisons—either atmospheric, animal or miasmatic—either of which produces certain effects upon the system. In the first place, we



must see a specific indication for the remedy—regardless of what name we may give the disease. If we have the proper medicine, of uniform strength and purity, we must receive a good result. During all diseases various symptoms are presented; and it is our duty, as physicians, to study carefully each and every symptom—then prescribe for the principal ones, and let the minor ones take care of themselves.

Specific medication is the backbone in the advancement of medical science, in which our forefathers have labored hard for many years to bring about a pleasant and uniform system of medicine. Let us take up a few of the remedies and study them separately. Eucalyptus is one among the best remedies known at this time. It is a stimulant, tonic, antiperiodic and antiseptic, and is used in all septic, typhoid or continued fevers. The symptoms indicating its use are: a yellow, dirty tongue; fetid breath; and nasty, slimy, bitter taste in the mouth. Eucalyptus, in these conditions, is a specific, and has never failed, in my hands. I have also used it in sore throat, where both the above symptoms are present; in leucorrhœa, where the discharges are very offensive, with the best results; also in intermittent and remittent fevers, where quinine and other remedies have failed; and in indolent ulcers and old sores, where this remedy is indicated. I prescribe: *R. Eucalyptus*, ʒss.; simp. syr., ʒiiiss. Dose, teaspoonful every two or three hours.

*Jaborandi* is known to us as a diaphoretic and diuretic. By giving from one-half to one drachm, in warm water, it will produce profuse sweating. But its specific use is in albuminuria. Whenever we find an excess of albumen in the urine, we have an unfailing remedy. I have given it in dropsy, in pregnancy, in diabetes, and in all conditions where I found an excess of albumen. I prescribe *Tinct. jaborandi*, gr. xv. to gr. xx., every three hours in water.

[TO BE CONTINUED.]

## DIPHTHERIA.

BY E. YOUNKIN, M. D.

Much has been written on the subject of diphtheria, and from what has been said the reader can gather no settled convictions in relation to the nature, cause or treatment of the disease. It is said to be one of the oldest epidemic diseases of the human race: It

was known in the days of Homer and Hippocrates, under the name of *malum Egyptianum*, and has been in all times a disease greatly to be feared.

The first accurate description of the disease was made by Bretonneau, in 1821; and according to this writer, inflammation without exudation is never diphtheritic, and inflammation with exudation is diphtheritis. He believed that the exudation was the poison itself, and contagion only occurred when the diphtheritic secretion came in contact with soft mucous membrane or with the skin deprived of its epithelium. Inoculation, he believed, was the only means of conveying the disease, while the atmosphere did not act as a medium for spreading the contagion. He maintained also that croup and diphtheria were one and the same disease, and that the latter is only a higher degree of the former. Since the days of Bretonneau, many experiments have been made to determine the nature of the disease, as to whether it is at first a general disease—poisoning of the blood, the affections of the mucous membranes only localizations; or whether it begins by infection as a local disease, and at an indefinite time becomes general. In support of the first theory, the essential characteristics of diphtheria have been closely compared with other infectious diseases, and the susceptibility of children to it during an epidemic has been marked; further, the great disproportion often observed between the general symptoms and the apparently trifling local changes. No little weight to this hypothesis has been given, from the fact that the effort to conquer the disease, by destroying the diphtheritic product in the throat, has been for the most part without avail.

How the affection takes place—whether through the immediate entrance of the infecting agent into the blood, or by the clinging of the infecting agent to the mucous membrane—are points not yet determined.

The second theory, maintaining that primarily diphtheria is a local disease, holds that as the mucous membrane over which the air passes is the first affected, the germs of the disease must enter through the air, food or drink; and that the germ, thus becoming fixed, produces the first pathological changes. Thus far this question has not been settled. The possibility of the exudation upon the mucous surfaces being secondary to the primary infection, has

been demonstrated by experimental inoculation; and it has also been proven that other infectious diseases may affect the mucous membrane, by the same kind of experimentation. Glanders, for instance, has been known to make its local lesion on the nasal mucous membrane of horses by the virus being introduced beneath the skin.

Diphtheria occurs sporadically, as well as epidemically, and in localities specially favorable to it becomes epidemic. There is but little doubt but what it may develop spontaneously, its origin being a miasm. In cities, it may make a spontaneous outbreak, and is then accounted for only on the theory that the disease has been produced by the action of miasm or some noxious agent.

As regards climate, it occurs over the whole earth, still with a remarkable falling off in frequency from the higher degrees of latitude towards the tropics, so that the temperate zone is most visited by the disease.

The nature of the soil is said to exert some influence on the propagation of the disease. The generally accepted idea is that damp low-lands, marshy districts, poor drainage and stagnant waters, and poisons from decomposition of organic matter, favor the production of diphtheria. During the prevalence of putrid fevers, epidemics of typhoid, diphtheria not unfrequently reach the highest point of prevalence; though I have seen the worst cases of malignant diphtheria in country settlements, on high-rolling prairie, where there was no stagnant water, but little decayed vegetation except that of plowed fields, where there was perfect natural drainage and the air apparently pure.

As to the weather and seasons there is no definite opinion. The disease seems not affected by either heat or cold. Epidemics have been observed in all times of the year and under the most varying atmospheric conditions, though my observations are that in damp, chilly weather we have the greatest amount of new cases.

The development of a zymotic disease is usually favored by poverty and uncleanness; and when diphtheria invades hovels of the poor, where the air is impregnated with animal emanations, it only follows the general law. Living in damp apartments seems to exert a harmful influence; but even in families under more favorable surroundings, individuals are not exempt. The diphtheritic con-

tagion finds the most favorable ground among children, though adults are not exempt; yet commonly it is not so severe as in children.

The period of incubation depends much on the quality and quantity of the infecting agent, and also much on the power of resistance. Usually the stage of incubation is short, compared to other infectious diseases—from two to eight days. When direct contact is made on the mucous membrane of the mouth and fauces, the disease appears on the third day, with a degree of uniformity.

It is not my purpose at this time to give an exhaustive treatise on the subject of diphtheria. To this, we would have to quote much that has already been written, and our article would be a weariness to the flesh. We cannot even consider the numerous methods and agents found in the treatment, and we shall make our article brief, by giving our experience during the last month.

Mrs. G., aged 27 years, married, the mother of a child three months of age, was suddenly taken with rigors, pain in the head and aching pains through the body. Temp., 102° F. The throat was covered on both the tonsils with a thick, heavy, whitish pedicle. In twenty-four hours after, her husband was taken the same way. This couple stated that some three or four days previous to the attack they were out, and got caught in a cold rain, their clothes damp, and they were somewhat chilled. The mother of the above lady, about 60 years of age, being a frequent visitor at the house, on hearing of the sickness of her daughter, came to the house to care for the family. In twenty-four hours after her arrival, she was taken down with fever, rigors and general pain. The throat also was covered with the diphtheritic membrane. Now, it is unusual to find diphtheria attacking adults in this way; but if this was not true diphtheria, I know not what to call it. I gave the following in these cases: R. Salicylate of soda, ʒiij.; tinct. phytolacca, ʒj.; tinct. aconite rad., gtt. xv.; glycerin, ʒj.; aqua pure, q. s. ʒiv. M. et S. A teaspoonful to be taken every two hours.

As a liniment to the neck: R. Spts, turpentine, ʒj.; aqua ammonia, ʒiij. oil sassafras, ʒij.; oleum olivæ, q. s. ʒiij. M. et S. Apply to the throat, externally, every two or three hours. Under this treatment, the exudation upon the tonsils became loose, and came off on the third day. A gargle of vinegar and water was also

used. On the seventh day from my first visit, I dismissed these cases as cured. The infant did not take the disease.

Anna S., aged 6 years, was seen for the first time February 25th. She was suffering with considerable fever and sore throat. Upon examination, I set it down as diphtheria with more than ordinary severity. The tonsils, fauces and soft palate were covered with the diphtheritic exudation. I feared the results of this case. My prescription was: R. Salicylate of soda, ʒj.; tinct. phytolacca, gtt. xxx; tinct. aconite rad., gtt. vj.; glycerine, ʒj.; aqua pure, ʒij. M. et S. Give a teaspoonful every hour through the day, and at night every two hours. The neck to be rubbed with the above liniment. Milk, with a little whisky, to be given as nourishment was required. In twenty-four hours the membrane began to exfoliate. It dangled in the throat, tickled, thus inducing much coughing, nausea and vomiting. The membrane had extended into the larynx. No croup-cough, but hoarseness on speaking. Paralysis of the muscles of the throat, so that drinks were regurgitated through the nose. A gargle of vinegar and water was used, and vinegar and water kept simmering on the stove. The fever having subsided, I now changed the salicylate of soda to sulphite of soda, and left out the aconite. The child continued to improve from day to day, until, the tenth day, the throat was clear of all visible exudation, though the hoarseness continued to some extent. The next day, my patient was taken suddenly worse, and I was called. I now found the throat again lined with the membrane; the child was restless, and the results not at all favorable. There was some prostration and difficult breathing. I now touched the throat with a probang dipped into the peroxide of hydrogen. This seemed to melt the dirty white coating. I gave internally: R. Peroxide hydrogen, ʒj.; tinct. aconite rad., gtt. iij.; aqua pure, ʒijj. M. et S. A teaspoonful to be given every hour. On the next day, I found my little patient most wonderfully relieved. At this writing, my patient is well; the throat all cleared up, and the little girl craving food. The peroxide of hydrogen has been used from day to day, and it has done good work.

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## ELECTRICITY IN MEDICINE AND SURGERY.

BY GEO. C. FITZER, M. D.

*Goitre.*—I have had great success in the treatment of goitre. I use electricity as a local measure, and iodoform as an internal

remedy. I use a large quantity current from a gravity cell battery; but the current from a small galvanic battery will do nearly as well in this case, for it is mostly the electrolysis we need in goitre; not wholly, however, for I think there is a nervous element connected with goitre that we overcome or remove more speedily and more certainly with electricity than with all other remedies combined. The faradic and static forms of electricity are not of much use in the treatment of goitre. It is the *galvanic* current we need. Apply a moistened sponge, attached to the positive pole of the battery, to the back of the neck, and a moistened sponge, attached to the negative pole of the battery, to the goitre. Move the sponges about, while placed on the parts named, to prevent a burning sensation. Use as strong a current as the patient can bear without suffering too much from burning or dizziness. It should be remembered that the galvanic current should be used very cautiously about the neck or head, lest dizziness or faintness should be produced. From six to twelve cells of the battery may be used, according to the impressibility of different patients. The seances should last about ten or fifteen minutes, and should be repeated daily.

In addition to this, give a pill of one grain of iodoform, three times daily, and you'll cure nearly every case. I have not failed, in a single instance, where I could use the electricity properly, and a great deal depends upon the proper use of this agent and the instruments employed in applying it.

*Urethral Stricture.*—The galvanic current from a small galvanic battery is the remedy for stricture. A single application, made by means of a small gum-covered bougie, armed at the point with an olive-shaped metal tip, no matter how small, and we can overcome the most confirmed case of stricture we have ever met. The patient should hold, in one hand, a moistened sponge, attached to the positive pole of the battery, while the armed bougie should be attached to the negative pole of the battery. From six to twelve cells of the battery should be used, according to the impressibility of the patient and the resistance of the stricture. From ten to fifteen minutes should be allowed for passing and dissolving an ordinary stricture. After a little experience in this treatment, but little trouble will be had in any case. It occasionally happens that a second operation becomes necessary—in a month or

so—but where the operation is well performed in the first instance, we rarely need a second operation; in fact, absorption is generally so great that the urethra is left larger than it was before any stricture existed.

*St. Vitus' Dance.*—In this case, we *must have a gravity battery of large quantity current*—a galvanic battery. Place the moistened sponge of the positive side of the battery upon the crown of the head, and the negative over the pit of the stomach. Use from two to twelve cells, as the patient may be able to endure it. If, as you gradually increase the number of cells, the patient complains of a metallic taste in his mouth, or of dizziness, then add no more cells. The metallic taste can be borne with impunity, but the dizziness is evidence of approaching syncope, and the number of cells should be reduced at once. The current should be used as strong as can be borne in every case—just short of the condition of dizziness. The seances should be repeated daily, and last ten to fifteen minutes.

This treatment alone will cure some of the most stubborn cases of chorea. But where medicines are required, we have found arsenic to be the most useful of all internal remedies. Macrotys, hydrate of chloral, and, where there are rheumatic complications, salicylate of soda may be used to advantage. But if the galvanic current is properly applied, it is *the* remedy, especially for old, stubborn cases, of long standing.

*Sciatic and Crural Neuralgia.*—Static electricity will cure these, no matter how old the cases. Place the patient upon an insulated stool, and draw sparks two inches long from the affected parts for ten or fifteen minutes, repeating the treatment daily, and you can effect more than you can effect with all the drugs in the world. No treatment known can equal this in sciatica. Old cripples, of long years standing, are actually cured with static electricity. And old cases of chronic rheumatism are benefitted in the same way, and many of them permanently cured.

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## ACUTE TONSILLITIS.

BY JOHN A. HENNING, M. D.

This time of year, acute tonsillitis is generally very prevalent. The symptoms and causes are usually so well known that a description is hardly necessary, though physicians should be thorough

ly posted in order to make a correct diagnosis, especially if complicated with other diseases. Having this spring treated thirty or forty cases, and expect as many more before the season closes, I will give my treatment. Tonsilitis is well known to terminate in seven to eight days, in suppuration, but if the physician is called the third or even the fourth day, he ought to arrest it in a day or two with proper treatment. If called in a reasonable time my treatment is: *R. Fl. ex. veratrum viride*, and paint the tonsils with a camel's hair brush every six hours. This is easily done, and the patient does not usually complain. This alone seems to arrest its further progress, and subdues the inflammation. Then, *R. Fl. ex. aconite*, gtt. x.; *Fl. ex. belladonna*, gtt., xii.; *tr. guaiacum*, ℥ij.; *glycerine*, ℥iv.; *mix.* To child five to seven years old, give teaspoonful every hour.

This prescription will reduce the febrile excitement, and the inflammation in the tonsils will rapidly subside. If the tongue has a white, pasty color, give sulphite soda, ℥j.; *Fl. ex. phytolacca*, ℥ss.; *water*, ℥jv.; *mix*; teaspoonful every two hours.

Externally, if the parotid and submaxillary glands are much swollen, apply: *R. Aqua ammonia*, *tr. camphor* and sweet oil, aa ℥j.; *mix*; apply every two hours. This treatment will always arrest it in a day or two.

If the inflammation extends to six or seven days without proper treatment, suppuration ensues; then, if deglutition is very difficult, one or both glands should be lanced, which is quickly and easily done, but very frequently the abscess in the tonsils will break, the matter run out and patient get better. This line of treatment has been very successful in my hands and I can recommend it to others.

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### INHUMAN AND INOFFICIOUS.\*

BY J. L. INGRAM, M. D.

On March 12th I was called to see a man by the name of Anderson, 30 years of age and married, being in the employ of one of the Electric Light Companies of this city. He was repairing one of the lights in front of a store on Franklin Avenue. The job necessitated his standing for some time on the cornice, just outside the second-story window, from which place he fell backwards, striking

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\* Read before the Eclectic Medical Society of St. Louis.



the curb-stone, rolling over upon his face, and then lying motionless until removed to a drug store over the way, which was done as soon as possible.

Dr. G. and myself made an examination, found an extensive compound fracture at the base of the brain, the depression extending transversely across the occipital bone to the distance of an inch on either side of and half an inch above the occipital protuberance, the wound in the soft parts being about an inch in length, through which a small quantity of brain substance protruded, and blood flowed freely. There was also hemorrhage from the nose, mouth and ears.

The patient was, of course, profoundly comatose, breathing stertorous, pulse good although gradually becoming irregular and weaker. The patient seemed to rally once, and gave some indications of consciousness by a more intelligent expression of countenance, and possibly a partial return of sight and hearing; but the attempt to articulate was a complete failure, and the man was the picture of the most abject misery as he indicated his intense desire to communicate with us by waving of the right hand, or the upward motion of the hands toward the injured parts. Here was a desperate case, and as soon as we ascertained the nature of the case, turning to Dr. G., I said: "It is my opinion that this man is suffering more from compression than concussion, and as we have here a compound condition already, let us elevate and give the poor fellow a last chance;" to which he replied something like this: "Elevate! what for? What's the use? It would be officious rather than otherwise." So there the patient lay, with only the very meagre relief a compress can afford, until the ambulance arrived, half an hour later, and he was driven to the hospital to die at 6 P. M., never having regained consciousness.

To my mind, the points in this case warranting an attempt to alleviate are these: Its desperate nature; in these cases our patients must of necessity succumb; and in such cases, I believe, we as men of service and having the welfare of humanity at heart are warranted to resort to any means in which there is one ray of hope to benefit our patient. A return to consciousness for a few minutes would have amply repaid for all the trouble of the operation, as it would have given opportunity for the arrangement of matters that might involve, not only his present, but also his eternal interests.

Again, the hemorrhage was, to all appearance, extra meningeal, and not likely to cause fatal compression by being confined beneath the membranes, and who knows but it might have been checked to a great degree had the operative procedure proposed been made immediately? Further, the extent of the depression was not evidence that the concussion was so severe as to be necessarily fatal, for the yielding of the bony case prevents the shaking up of the contents, the jar not being so sudden.

Now, it seems to me that a physician should have the welfare of humanity at heart, and, by all available means, should strive to alleviate suffering; and who can say that, by judiciously investigating these heretofore desperate cases, we may not be able, by the aid of an enlightened and still advancing science, to save many useful lives.

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### POSTAL BRIEFS.

**ECZEMATOUS ULCER.**—Mrs. G., aged 40 years; married; the mother of several children; has had an ulcer upon the tibia for the last two years. It has given much pain and annoyance; at times the nights have been sleepless on account of the pain, which, as she describes is mostly deeply seated—pain in the bone. Surrounding the ulcerative process there was jutting of pustules and pimples; the exudation drying and leaving the parts with a whitish exfoliation. The physicians in attendance had been dressing the parts with oxide of zinc ointment, perhaps other applications from time to time, and some kind of internal treatment. No benefit was derived from such a course and a change of physicians was resorted to. As I examined this case I felt that I had the remedy for it. Saturating a couple thicknesses of gauze or cheese-cloth, after a slight sprinkle of pulverized boracic acid upon the ulcer, I laid the cade gauze upon it, placed absorbent cotton over this and secured it with a roller bandage. It is now ten days since this treatment was instituted—all burning and itching is subdued, the vesicles are all gone, and the ulcer is just about healed.—[EDITOR.]

**OIL OF CADE.**—Some three or four years ago I reported cases of ulcers treated by the cade gauze. Since then I have had some of the most surprising results from this agent. A case of eczema on the hairy scalp—left parietal bone; the disease had taken out the

hair, a patch as large as a silver dollar, leaving the parts bare. This case had baffled the treatment of others. I sponged the parts with solution of bichloride of mercury, 1-500; ordered a daily greasing with the cade. The patient living in the country, I had her return every ten days. Three visits cured the case.

F. W. H. had eczema of the little finger. I washed it with the bichloride solution, gave a small vial of oil of cade, which he applied a few times and the parts were well.

The cade gauze is employed by me in the dressings of surgical operations. It promotes union by first intention; it prevents decomposition; it allays odors from decomposing pus; in a word, it affords a better dressing in many cases than the antiseptic gauzes sold in the shops.—[EDITOR.]

CONGESTION OF THE LUNGS, PEROXIDE OF HYDROGEN IN.—Was called March 11th to consult with Dr. Ingram in a case of a gentleman about 55 years of age. He was addicted to intoxicating liquors and had been drinking to excess a few days before. He had been on a trip to the north; being exposed to storm and cold winds, he came home sick. Temperature 103° F., brick-dust sputa, etc. I found him suffering, moaning with pain in the left chest, breathing difficult. Unless relieved soon, I thought death would intervene. We gave: R., peroxide of hydrogen, ʒij. ; water, ʒiij M. A teaspoonful to be given every hour. I went to the house the next morning rather expecting to find the patient dead, but he was resting easy, breathing relieved and greatly improved in every way. Since then Dr. Ingram has taken charge of the case.—[EDITOR.]

MASTITIS AND ABSCESS.—*Professor Younkin, M. D.*: On August 27th, 1887, I delivered a highly esteemed lady. She had had two children previous to this time and was able to give milk only from her left breast, the right breast on both occasions became painful, swollen, and abscess resulting. The nipple on the right side had sunken and had almost disappeared. The physicians in attendance had tried to elongate the nipple for the child to nurse; the breast pump had been often applied but no milk would flow. The doctors each time had made several incisions into the gland for the removal of the pus, and there was much pain and suppuration for weeks after, and this condition would leave the breast with no secre-

tion of milk. Two days after confinement (Aug. 27) the same trouble ensued as in the first two cases. I applied an ointment made of Fl. ext. conium and bear's foot, also twice a day I bathed the breast with: R. chloroform ʒij, glycerine ʒij. M I also applied poultices of chamomile and gave chamomile tea to drink freely. Normal liquid of ergot gtt. vj. was given every two hours. The pain ceased after the first application of chloroform and glycerine, and three days afterwards the breast was well and the mother happy. Milk secreted and the child nourishes from the gland that heretofore dried away.

F. VON FRANKENSTEIN.

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SANTONIN.—There seems to be some diversity of opinion on the use of santonin. I have long since discarded the old prescription of senna and pink-root as a vermifuge and use santonin instead; always mixing it in sufficient senna tea to act on the bowels, and it brings the worms every time, if they are there. I often prescribe it alone in incontinence of urine, giving it at night or once a day for several successive days, and that without "green urine or convulsions." In fact, I have used it so much, without bad effects, that I have become almost as reckless in prescribing it as I was in the use of pink and senna. Of course I don't use it in teaspoonful doses, as some use quinine, but in one-half to two grains at a dose usually.

W. H. BROWN, M. D.

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### REPORTS OF SOCIETIES.

THE TWENTIETH ANNUAL MEETING OF THE ILLINOIS STATE ECLECTIC MEDICAL SOCIETY will be held in Springfield, Thursday and Friday, May 17th and 18th, 1888.

This being the twentieth anniversary of the organization of the Society, it is the intention to make it a meeting of unusual interest.

To this end, every eclectic in the State is most cordially and earnestly requested to attend. A programme of unusual interest has been prepared, and will richly repay you for attending the meeting. In addition to making it the most interesting and profitable meeting, in a medical point of view, that the Society has ever held,

it is to be a re-union of all the old members, and especially of those who attended the first meeting. A special effort is to be made to have these old veterans all present, and it is now believed that all who are then alive will be there. A free banquet will be given to all the members of the Society and their ladies the evening of the first day of the convention. The fare on the railroads and the headquarters hotel will be reduced.

Additional information and particulars will be given in the next issue of this journal. W. E. Kinnett, M. D., of Yorkville, Ill., has been appointed Recording Secretary of the Illinois State Eclectic Medical Society, to fill out the unexpired term of Dr. Cashman, who has removed from the State.

W. W. HOUSER, M. D. *Pres.*, Lincoln, Ill.

K. D. MUNN, M. D., *Cor. Sec'y*, Chicago.

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**ANNOUNCEMENT OF THE TWELFTH ANNUAL MEETING OF THE ECLECTIC MEDICAL AND SURGICAL SOCIETY OF MICHIGAN.**—By the almost unanimous desire, not to say demand, of the membership, the Twelfth Annual Meeting of this Society will be held in the city of Detroit, commencing on Monday evening, June 18th, 1888, at seven o'clock and thirty minutes, standard time; and will continue in session until Tuesday night, or until ten o'clock Wednesday morning, June 20th, at which time the National Association will open and continue in session three days.

The change is made from Kalamazoo to Detroit owing to the fact that the National Eclectic Medical Association pays the Eclectics of Michigan the compliment of again coming to the metropolis of this State, and it is greatly to be desired that our State organization shall be present in full force to meet that influential body, and at once save the expense and time of making an extra trip.

The meeting will (probably) be held in the Common Council room, City Hall. The headquarters of the Society will be at the "New Kirkwood House," L. B. Clark, proprietor, where board and rooms can be obtained at \$1.00 per day for members.

*Committee on Arrangements*—V. A. Baker, M. D., Adrian; E. S. Cleveland, M. D., Detroit; P. W. Reed, M. D., Port Huron; John Parr, M. D., New Boston.

*Committee on Transportation*—V. A. Baker, M. D., Adrian; J. Goodenough, M. D., Clarkston; J. D. Crum, M. D., Owosso.

A rare opportunity is here presented to the Eclectic physicians of Michigan, in the most propitious season of the year, when they can, perhaps, best be spared from the duties of the profession, to visit Detroit, Michigan's largest city, and one of the handsomest in America, and at the same time assist in doing the work of two great medical societies, State and National, and of sharing in the awards, privileges and benefits of attendance upon the same.

It has been a decade since such an opportunity has been given to the Eclectics of Michigan, and very likely it will be ten years, or more, before another such will be presented.

We believe that every physician in the commonwealth of Michigan, should be an active member of some one of the recognized State medical organizations. This is an age of societies; every profession, trade or calling has its society for the advancement of its particular interests. The State offers encouragement in certain ways to agricultural, horticultural, pioneer and teachers' associations, as it also does to Allopathic and Homeopathic or stipendary schools of medicine. This partial justice, which is a disgrace to civilization, constitutes one of the good reasons why every Eclectic should be banded with all the others for mutual good in the interest of medical eclecticism and its wide patronage. Even the undertakers have their State society. While there should be only the relation of friendship between the undertakers and the medical man, we would insist that if the former will persist in banding together in the interest of their business, the latter should unite in the effort to deprive them of business, except in case of death from accident, old age, or when the patient refuses to "take his medicine." The time is coming when the physician in Michigan who does not belong to a State society, and the National, to which it is auxiliary, will not be regarded by the community in which he lives as up with the times or worthy of patronage.

The invitation is to every qualified physician in Michigan who believes in medical freedom, as opposed to a narrow, partisan, dogmatic code of ethics, and who would resent the base imputation of irregularity upon the part of any or all who do not subscribe to such

a code, to be present, unite with this Society, and take an active part in the meetings. The benefits to be derived from such associations are not the same as those derived from books and medical journals. Medical journals, medical books, medical colleges and medical societies each have their special fields of work, and while each confers its special advantages, all are necessary to make the modern physician—the Eclectic. Then let each one resolve at once to attend this meeting, and unite in a grand effort to increase our membership very largely; every member is expected to do something in this line. Already eight or ten new applications for membership have been made. Let us have thirty or forty more before the meeting is called to order.

Our legislature will meet before another meeting will be held, and very important matters in connection with contemplated legislation will be for this meeting to consider.

This will be a year of work for members, and it will be expected of everyone that he or she contribute something in writing—papers, interesting reports, anything pertaining to the general advancement of this Society and the interest of this meeting. A few are mentioned specifically each year, but we are a brotherhood, and all must work. All papers and reports, in case of failure to attend the meeting, should be forwarded by mail to the Secretary, at the New Kirkwood House, Detroit, not later than June 19th.

WM. BELL, M. D., *President.*

H. S. McMASTER, *Secretary.*

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THE ECLECTIC MEDICAL SOCIETY OF MISSOURI.—The Nineteenth Annual Session of this Society will be held in St. Louis, on Wednesday and Thursday, June 6th and 7th, 1888, beginning at 10 o'clock A. M.

This meeting will be one of the most important within the history of this organization, as questions of the most vital interest to each individual Eclectic of the State will be considered, as well as certain facts connected with the Society as a body. It is of paramount importance that everyone interested in the cause of the Eclectic practice lay aside all manner of excuse, and be on hand at the opening on the first day.

Arrangements are being made for reduced rates on every railroad leading to St. Louis. The Democratic Convention convenes on June 5th, and even Republicans can take advantage of reduced railroad rates.

The Committee of Arrangements of our Society are hinting at a grand *reception, banquet*, etc., so that, outside of the general order of business, there will be enjoyments for all physicians and their wives.

The Eclectics of this State are enjoying a higher degree of prosperity than ever before, and if each one does his duty, we shall have represented at this meeting between five and six hundred strong.

A more definite programme will be announced in the next issue of this journal. Look out for your own part, and see that that part is done well.

H. L. HENDERSON, M. D., *Pres.*,

M. M. HAMLIN, M. D., *Sec'y*,                      29th & Ewing Ave., St. Louis.  
Gray's Summit, Mo.

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THE TEXAS STATE ECLECTIC MEDICAL ASSOCIATION will hold its fifth annual session in Fort Worth, May the 8th, commencing at 10 A.M., headquarters at Hotel Pickwick. I would urge the importance of every Eclectic and liberal physician in the State being present, and prepared with a short article on some medical subject, or a case to report, making the meeting both interesting and a success. If numbers will justify, our programme will be such as to put you and the principles of eclecticism so prominently before the people as to be greatly to your interest to be present. We have some very able papers promised and some visitors from other states, all of which will be utilized to our interest if we only have a liberal turn out. Remember your duty in the case. Respectfully,

J. R. KLYCE, *Sec'y*.

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THE ECLECTIC MEDICAL ASSOCIATION OF SOUTHWEST MISSOURI will meet in Carthage, Mo., May 10th, 1888, at 10 o'clock A. M. A full attendance of the M. D.'s of Southwest Missouri is earnestly desired.

R. L. GALBREATH, M. D., *Pres.*

S. W. MORELAND, M. D., *Sec'y*.



*SELECTIONS.***ANOMALY IN PREHENSION.**

BY E. H. ROOT, M. D.

Late in August, while taking a vacation in a country town, I heard of a case that was causing considerable discussion and wonderment among the people. Lovers of the mysterious, who are always ready to attribute any manifestation, at all peculiar, to supernatural agencies, were indulging in various wise speculations as to the true nature of the case. The child is termed a "human magnet" by the believers in and practicers of magnetic rubbings; while the spiritualists declare the child a chosen medium.

My curiosity became aroused, and I asked permission to see this wonderful prodigy. Permission was graciously granted, and I saw the child at two different times, making my visits some days apart.

I found a pretty, delicate child, Dolly C., aged three and one-half years, an only child; blonde, with a pale and rather waxy complexion. Her manner of speech and conduct were characterized by a womanly grace much in advance of her tender years.

The pupils I found widely dilated at both visits; and, on questioning the mother regarding the history of the case, I learned that they were dilated most of the time, being occasionally contracted, and when so, seemed smaller than the pupils of other children. Appetite is variable— is good at times, and poor at others, but never voracious. The child sleeps well, wakening once in the night asking for food. After eating a cookie or a cracker seemes satisfied, and will again sleep quietly and soundly the remainder of the night. She often suffers from diarrhoea, for which she is frequently under the doctor's care. Her disposition is mild, playing amicably with her mates and dolls, and with the usual intelligence of childhood. She has no violent outbursts of temper, but expresses her displeasure or discomfort by peevishness that is never excessive.

About a year before I saw the case she had had scarlet-fever, and has not been so well or strong as before the attack. Since then she frequently has muscular pains and pains in the joints that have been attributed to rheumatism. She does not engage in boisterous play and tires easily. Has never had convulsions or "night terrors."

Last February the phenomenon I describe was first noticed. While playing with some spoons, the mother was surprised to see her arranging them on her finger-tips, where they hung with perfect ease. She will place the palmer surface of the finger-tips in the concavity of the spoon-bowl, near the end, and lift from the holder, one by one, without otherwise touching them, until a spoon is suspended from each finger-tip. If the spoons do not strike too violently against each other, she will carry them about the room without dropping them. The spoons will adhere to the nose and chin as they do on the fingers.

I examined the case in various ways. First, I tried four teaspoons with a magnet—one pure silver, one pewter, one tripple-plated, and one single-plated or washed. The pure silver and pewter spoons were not influenced by the magnet; the heavier-plated was only partially raised; while the washed spoon was raised entirely clear of the table. I carried these four spoons with me, for the child to exercise her anomalous power of prehension upon. Each one was suspended with equal ease, except the one of pure silver. This one was the lightest in weight, and the bowl was considerably flatter than the other three. But after arranging it upon her finger a few times, she succeeded in making it "stick." Asking her to put her two fingers under the spoon-bowls, I found a very appreciable resistance in taking it off. The spoons would hang from the tip of the nose and chin with as much security as from the fingers. Thinking the adherence might be due to an excessive clamminess of the skin, I tested its surface with my own finger-tips. Not discovering any, and to make sure that I was not deceived by my own sense of touch, I had the hands, nose and chin carefully washed with soap and water, and dried with a warmed towel. I found no perceivable difference in the adhesiveness. The child could not pick up a steel needle, that is so sensitive to the magnet, nor would a penny "stick" to the fingers, chin or nose. I could discover nothing unusual in the shape of the finger-tips. The skin was soft and velvety to the touch, and I could be sure of clamminess nowhere except on the pinna. The hands and feet were warm to the touch when I saw her, and her mother states that she is not often troubled with cold feet or hands.

*Family History.*—The father is a man of very good health, capa-

ble of earning a very comfortable living; has shown some talent in playing the violin. Of the father's parentage I know nothing, except that his father (paternal grandfather to the patient) died at a ripe age, a poor though respectable man, amidst opportunities which, improved by other men, had made them comfortably well-to-do, if not rich.

The maternal side: The mother of the little patient is the youngest of a family of twelve children; is a little below the average in size; delicately organized; is not strong, but enjoys fair health since her marriage. As a child and in her girlhood she was called puny.

The physical type of her brothers and sisters is by no means the most robust, still they enjoy fairly good health, with but one or two exceptions. A brother suffers from chronic rheumatism. All the twelve children grew up to man and womanhood before their number was broken by death.

Maternal parentage: On the maternal side the history obtained does not extend beyond the mother (maternal grandmother to the patient). This lady, though never strong, seemed endowed with wonderful powers of endurance, performing her duties to her large family with promptness and efficiency; giving careful religious instruction to her children, herself living a very religious life. She was occasionally prostrated with severe headaches; and is said to have died of "congestion of the lungs," at the age of sixty years.

The family history of the maternal grandfather is better known. He was a man of fair health; a hard worker, though a poor manager. At the age of sixty years he had a paralytic stroke, from which he partially recovered. Four years afterwards he had a second stroke, which was followed by the train of symptoms that follow hemiplegia down to death. He died at the age of seventy.

Two of his brothers died of paralysis, at the respective ages of sixty-five and seventy years. The illness, in the case of one brother, lasted but a short time; while in the other, a drinking man in his best days, lingered for some time, in a state of complete dementia, before dying.

The energy and push manifested by the members of both families seems below that shown by our American people generally. Intellectually they are dull, especially the women on the mother's

side. It seemed impossible for them, when girls at school, to learn lessons, or remember them, if they succeeded in learning them. Headaches were the result of any extra effort to study. All the members, male and female, of both families live good, moral lives, content with simple bread-getting; the men are good mechanics, carpenters and blacksmiths; the women good home-makers and kind mothers.

The little patient's mother told me that her sister's daughter, a young lady of nineteen years of age, and "always sick," as she expressed it, manifests the same singular power. This case I did not see, but have no reason to doubt the lady's statement, as she and her whole family are known to be truthful and honest.

I have been thus particular in giving all the available points in the family history of the case, hoping thereby some light might be thrown upon the singular phenomenon.

I know of and could learn of no cases of insanity, idiocy, imbecility, epilepsy or phthisis. The women on the mother's side are not hysterical. There are one or two cases of hysteria on the father's side; one an older sister of the child's father. The literature which I have been able to consult gives nothing similar to the case reported. The best treatise written upon the hand was, I think, written by Sir Charles Bell. This I have not been able to consult.

Dr. Lyman said, in reference to the case of "Anomaly in Prehension" reported by Dr. Root: The case was a rare one, and one of unusual interest on account of the youthfulness of the patient, similar cases being more frequent among older persons who have greater opportunities for and power of deception. The physical characters of the child are those of a delicate, sensitive, nervous organization, liable to become a victim to tubercular meningitis or other cerebral disease. The lifting of the spoons seemed to be the exercising of the same force which in others attracted or repelled foreign bodies. This force differs from magnetism or electricity, as the animal force is exerted on non-metallic bodies. Table-rapping and moving may be due to involuntary or unconscious muscular action, or by the exercise of this nerve force, without immediate contact of the persons operating and the object moved. Rappings on the bed or floor may be imitated, as has been demonstrated by the snapping of various tendons of the body, either voluntarily or unconsciously.

Dr. Angear says: There is a difference between electricity and this nerve force in the manner of its manifestations; the former affecting metallic bodies chiefly, and having no power over wood, while the latter may affect either metallic or non-metallic bodies. Some persons cannot handle feathers on account of their sticking to them. In some cases of insanity there is an electrical condition of the hair, causing it to stand out in all directions. Some manifestations are quite in harmony with electricity, while others are quite opposed to it. We appear to be naturally drawn towards some persons, and quite as decidedly repelled by others. — *Western Medical Reporter.*

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### COCAINE MURIATE IN GENERAL PRACTICE.

BY A. G. SERVOS, M. D.

Since the discovery of this truly wonderful drug, volumes have been written regarding its use in ophthalmic practice. As the general practitioner has few of these cases, it might be well to investigate more thoroughly its uses.

First, the drug is of great benefit in all minor operations involving mucous surfaces. Thus, there may come within its scope diseases of the mouth, arms, and rectum and vagina, in some cases even diseases of the urethra and bladder; such operations as lancing a wisdom tooth, removing a ranine cyst, burning mucous patches (syphilitic or otherwise), lancing abscesses at the root of a tooth, and many operations in any of the locations mentioned. As the ordinary surface of the skin is not affected by local applications, a syringe must be used, and a solution injected under it wherever needed. Any strength of solution may be used, but not over five to fifteen grains\* should be used at a first injection. One injection numbs the sensation in a space limited by a circle having a diameter of from one-half to one inch, which is ready for the knife in one minute, though five minutes would be better.

Wens, nævi, moles, stray hairs and slivers of any foreign material may be removed, without any inconvenience other than a short manifestation of its physiological effects. In one of my cases there was marked insomnia for about twenty-four hours. — *College and Clinical Record.*

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\*I think gtt. was intended instead of grains.—[ED.]

## THE ADMINISTRATION OF CHLORAL

Battle's Bromidia is a clean and palatable compound, of approved hypnotic principles. The proportion of bromide of potassium in its composition, to the chloral, could well be doubled, for most of the purposes for which such a hypnotic combination is indicated. The directions accompanying this excellent hypnotic combination suggest a criticism. The injunction to not exceed three or four of the doses indicated in twenty-four hours, and to administer preferably during the evening or night-time, would avoid many of the evil results which follow the injudicious use of this and all similar narcotics.

Those of our readers who desire to use this compound in practice (and, when its ingredients are indicated, no better mixture can be found) will find it gives much better satisfaction, in states of mania and high cerebral excitement, in double the ordinary dose, at about nine o'clock P. M., or at an hour or two before the patient's ordinary time of going to sleep when well, adding thirty grains more of bromide of potassium, and plenty of peppermint or other aromatic water, to protect the lips from being blistered by the chloral, as is liable to happen if chloral is not given well diluted. We write the prescription thus: *R. Bromidiæ, ʒij. ; Kali bromidi, ʒss. ; Syr. tolu, ʒiij. ; Aq. menth. pip. q. s. ft., ʒj. Ft. haustus in aqua q. s. S. Give at 8 or 9 P. M., in plenty of water. Repeat once during the night, if necessary.*

Fifteen grains of chloral, given every hour, in cases of high maniacal excitement, may prove abortive, and the patient's blood may, at the end of five or six days or even hours of such treatment, become vitiated and depraved, the vital centers of the medulla weakened; and when, as sometimes happens, the attending physician, or another one called in, becomes desperate, and gives a very large dose of chloral, no reaction follows the profound hypnotic impression, the cerebro-medullary centers being completely overwhelmed, and incapable of that physiological rest and rebound, which should be the aim and result of all therapeutically induced slumber.

Fifteen grains of chloral in mania, as a general injunction, is bad. A full dose at the right time, when nature is likely to incline most readily to rest, and not more than once repeated, and without pre-

vicious small, abortive and, of course, damaging doses, is better. No experienced alienist would stereotype such a direction for mania and states of high cerebral excitement.

We make these remarks because bromidia is a combination the profession does not wish to dispense with, and a good remedy may be put before the profession with bad directions.

The administration to epileptics of anything with chloral in it during the time when the patient is going about is also unscientific advice. The same criticism holds good in regard to nervousness and irritability in persons going about. It is dangerous to give chloral to persons who are not in bed, or going immediately to bed, to remain till the effects of the chloral pass off. If this danger is kept in mind, and chloral is only given to recumbent patients late in the day, in the evening or night-time, in a single, or, at most, a duplicated dose, nicely adjusted to the demands of the case, no untoward results need ever follow its use.

We should never give chloral for neuralgia or headache in the daytime, unless the patient should be sadly in need of and ready to go to sleep.

Chloral imbecility may readily be induced by giving repeated, small, ineffectual doses, and it requires large doses to prove effectual in great cerebral or sensori-motor nerve excitement, when the patient is sitting up or going about. — EDITORIAL, *Alienist and Neurologist*, January, 1888.

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### GNORRHŒA SPEEDILY RELIEVED.

Dr. J. J. Buster, in *Atlanta Med. and Surg. Journal*, reports a severe case of gonorrhœa rapidly relieved under the following active treatment:

"On examination, I found the usual symptoms very prominent, with an unusual œdema and excessive discharge. Ordered for him a basin of hot water, and told him to bathe for at least fifteen minutes, which he did, experiencing much relief. I then made several injections of hot water into the urethra. He then urinated very freely, and with a marked diminution in pain. I then used Fl. ext. canadensis (P. D. & Co.'s), ʒij., Aqua q. s. ʒj., injected into canal, and had him to hold it in for about three minutes. And in a half or three-quarters of an hour, I used the following: Subnit.

bismuth, ʒij., Aquæ, ʒj., thrown into the urethra by elevating the piston end of the syringe, and with very gentle force passing it in. Kept solution in for, I suppose, five minutes. Ung. belladonnæ from prostatic portion to glands externally. Gave potassii bicarb., gr. xx., every four to six hours, with advice to return on the following day.

"In due time he put in his appearance, looking much more cheerful. To my great surprise, the discharge had stopped, Redness and swelling had almost entirely dissappeared, and with no pain at all in urinating. I applied the ung. belladonnæ again as before, and renewed his supply of potassii bicarb. Have used the same treatment in several cases since, and in no case has it been troublesome to relieve."—*College and Clinical Record.*

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### MEDICAL AND SURGICAL ITEMS.

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NIGHT-SWEATS OF PHTHISIS.—Rebory administers the tricalcic phosphate in one to four drachm doses in night-sweats, and considers it of incontestable utility. It is not toxic, is well borne by the stomach, stimulates nutrition, is remedial in diarrhoeal conditions, and can be continued for a long time with benefit to the health.—*Le Moniteur Therap. ; Can. Prac.*

FOUR HUNDRED AND SIXTY GRAINS OF QUININE IN TWENTY-FOUR HOURS.—In the *Medical Index* for September, 1887, page 404, I see the mention of the largest dose of quinine ever given, according to Dr. C. E. F. Knight, of Dublin, to be 131.25 grains in twenty-four hours.

Immediately after the close of the war, I took up the practice of medicine in Texas, and was acquainted with the case of one Frank Burns, a barber, who was stricken with a congestive chill. Dr. McIver was called, commenced treatment at eleven o'clock P. M., and before eight o'clock next morning he had given Burns the entire contents of a one-ounce bottle of quinine, except twenty grains, which the doctor took himself when he opened the bottle—460 grains in twelve hours—and Burns got well. Very truly, J. M. DUNCAN, M. D.—*Kansas City Med. Index.*



INCONTINENCE OF URINE.—Dr. W. S. Cline (*Medical World*), in answer to Dr. R. Moore, for treatment of a case of incontinence of urine, says: "If Dr. Moore will get 100 parvules cantharides,  $\frac{1}{16}$  gr., prepared by W. R. Warner & Co., and give one thrice daily, he can cure his patient, and she can drink all the water she wants. I never withdraw usual diet: I have never seen a failure."

TO REMOVE A CINDER FROM THE EYE.—Dr. R. W. St. Clair, in the *Medical Summary*, tells how to remove a cinder or particle of dust from the eye, and illustrates as follows: "A few years since, I was riding on the engine of the fast express from Binghamton to Corning. The engineer, an old school-mate of mine, threw open the front window, and I caught a cinder that gave me the most excruciating pain. I began to rub the eye with both hands. 'Let your eye alone, and rub the other eye'—this from the engineer. I thought he was chaffing me, and worked the harder. 'I know you doctors think you know it all; but if you will let that eye alone, the cinder will be out in two minutes,' persisted the engineer. I began to rub the other eye, and soon I felt the cinder down near the inner canthus, and made ready to take it out. 'Let it alone, and keep at the well eye,' shouted the doctor *pro tem*. I did so for a minute longer, and looking in a small glass he gave me, I found the offender on my cheek. Since then I have tried it many times, and have advised many others, and I never have known it to fail in one instance (unless it was as sharp as a piece of steel, or something that cut into the ball, and required an operation to remove it). Why it is so, I do not know. But that it *is* so, I do know, and that one may be saved much suffering if they will let the injured eye alone and rub the well eye. Try it.

THE TREATMENT OF BOILS AND CARBUNCLES WITHOUT INCISION.—Dr. C. G. Carleton (*Medical World*) writes: "A man with a carbuncle on the back of the neck consulted me at my office, and as there were already some half dozen small openings, it occurred to me to apply within the openings Battey's solution of iodofied phenol, which was standing on my table for gynecological use. This solution consists of the scales of iodine, one drachm, to carbolic acid crystals just liquefied by water, four drachms. I wound a probe with cotton, and dipping it in the solution, thrust it in all

directions into the openings, and, as well as I could, saturated the sloughing tissues with it. I gave the man tonics, and no opiate, and that night, for the first time, he slept; and a few days, with a couple more applications of the local treatment, sufficed for his recovery. The anæsthetic effect of the strong carbolic acid, and the caustic stimulant effect of the strong combination, seem to be just what is needed in this painful and indolent disease. I think I have sometimes aborted furunculi and hordeoli by applying this in the early stage to the apex of the swelling; and after a boil is opened, its application to the interior is useful.

Dr. C. Taylor calls attention, in the *Australian Medical Gazette*, to injections of strong carbolic acid into the carbuncle. An ordinary hypodermic syringe with five or six drops of carbolic acid is injected. Linseed meal poultices, fomentations and constitutional remedies are used, as individual cases suggest. There is little or no pain. The acid coagulates the albumen in the surrounding tissues, and thus prevents absorption. This method is not original with Dr. Taylor, and some inject larger quantities of the acid (ʒss.). Dr. Eads introduces threads saturated with carbolic acid.

**HERPES ZOSTER.**—*Neuralgic Pains.*—In zoster the neuralgic pains are often piteously complained of, even after the eruption has disappeared. These distressing pains are worse in elderly people. Dr. Meredith (*Birm. Med. Review*) says: "Painting the affected parts with oleum menthæ pip. nearly always affords speedy relief. I have painted the oil over the eruption when it was out in a fresh, florid condition, and that with great relief to the patient."

**ANIMAL CHARCOAL.**—Chatterjee recommends, for eczema of the limbs, an ointment made of two drachms of powdered charcoal to one ounce of simple ointment. The charcoal is made of bones, leather, old shoes and cuttings of horses' hoofs.

**RINGWORM.**—Dr. Morris (*Braithwaite's Retrospect*) says: "Wash or dab the patch each morning with the following: R. Ether, ʒv.; Rectified spirits of wine, ʒijss.; Thymol, ʒss. M. Petroleum may be used instead of the ether and spirit. One drachm and a half of petroleum oil takes up five grains of thymol. The ether or petroleum is of greater value than would at first sight appear. There is a disease of the scalp, known as seborrhea sicca, the chief char-

acteristic of which is falling out of the hair. This is caused by the absence of the natural fat in the sebaceous matter. It is cured by stimulating the glands to action, and by adding fat artificially. In ringworm we want the diseased hairs to fall out; we can produce this effect by dissolving the natural fat with ether, and thus remove all the diseased hairs."

**AURAL POLYPI.**—Prof. Politzer commences such cases by evacuating the pus, and cleaning the parts by injecting tepid water, drying the meatus with a wad of cotton. This done, the head of the patient is inclined to one side, and alcohol, slightly warmed, is poured by a spoon into the ear and kept there for ten or fifteen minutes. There is rarely anything but a simple sensation of warmth; if painful, the alcohol may be diluted with one volume of distilled water. The instillation should be repeated three times a day. Immediately after the application, the granulations or polypi turn pale or greyish red. This treatment is followed in granulations; in remains of polypi which cannot be extracted, in considerable proliferation of the middle ear; in polypi of the external meatus which, owing to mechanical obstacles, cannot be removed with instruments; and in persons who dread operations; in children, in whom operations are always difficult.

**THE BROMIDES.**—The bromides of potassium, sodium and ammonium act, by virtue of their bromine, as moderators of the reflex centres. The bromide of potassium has a depressing action on the muscular system; hence it is a *neuro-muscular* agent. The bromide of sodium has an action like that of bromide of potassium on the nervous centres, but does not affect the muscular system; hence it is a *moderator of reflex action*. The bromide of ammonium has an action on the nervous system similar to the other two, while it is an excitant and diffusible stimulant by virtue of its ammonia; therefore it is a *moderator of reflex action and peripheral excitant*.

When it is desirable to influence muscular reflex action—bromide of potassium; if we wish to act only on the reflex centres, bromide of sodium is indicated; and if it is desirable to act on the nerve centres, to restrain the circulation and effect diminution in blood-pressure, the bromide of ammonium will probably give the required result.

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E. YOUNKIN, M. D.,

EDITOR AND PUBLISHER.

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## SPECIAL CONTRIBUTORS:

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Mo.

S. S. CARR, M. D., Buffalo, Mo.

GEO. COVERT, M. D., Clinton, Wis.

A. W. FOREMAN, M. D., Whitehall, Ill.

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## EDITORIAL.

### NEEDED REFORM.

The following letter has been received from the editor of the  
*Medical World*:

PHILADELPHIA, March 10, 1888.

*Dear Doctor and Fellow Editor:*

You may have noticed the discussion in the *Medical World* rela-  
tive to the substitution of the Greek letter Delta ( $\Delta$ ) for the present  
dram sign ( $\mathfrak{D}$ ) in prescription writing. Please notice particularly an  
article in our editorial columns, page 42 of the February *World*,

1888. A very large number of our readers have written to us favoring such a change; others, however, have expressed themselves as opposed to any change; yet we believe that if carefully and thoroughly established it would be welcomed by the entire profession.

We should be glad to hear your views on the subject. Do you endorse such a movement? If so, will you aid, through your journal, in carrying it into effect?

Please notice the stand we have maintained for the past year in regard to the use of diphthongs, discarding them altogether except in the formation of the genitive singular and nominative plural, of Latin nouns of the first declension.

We have it in our power to make many needed reforms, if we are prudent about it, being careful not to step too far at one time, and co-operating together.

We will watch your columns carefully to see what you may have to say concerning the above, and would also welcome any personal expressions by private letter.

Very cordially yours,

C. F. TAYLOR.

ANSWER.—*Dear Editor:* I have read your article above referred to, and I most heartily second the motion. In calling for the *question* I am desirous of knowing the *yeas* and *nays*. I believe I fully appreciate the necessity of such changes. During my years of practice, I have known a number of mistakes made by both druggist and physician, taking the dram (ʒ) symbol for ounce (℥), and *vice versa*; and now, as editor, I observe our type setter not unfrequently committing this error. Sometimes the proof reader passing it unobserved, and thus committing an error which at times may lead to great disaster. In picking up this evening's *Post-Dispatch*, March 14, we notice a novel law-suit evidently growing out of a mistake of this kind. It was the suit of Dr. Joel J. Parker, for \$25 in fees, against F. Sohn, the druggist, on the corner of Easton and Grand avenues, St. Louis. The facts of the case are, that during last June Mr. H. Pfifer came to Dr. Parker with some slight complaint, and asked for a prescription to relieve the trouble. The doctor gave him a prescription containing chloral, telling him to take it to Sohn's drug store and have it filled. The prescription called for a tablespoonful every two hours; which direction the patient followed. That night he took a

bad turn and had word sent to the drug store that he was very sick. Mr. Sohn, the druggist, sent for Dr. Parker, who suspected that something was wrong with the prescription, and he said, that upon examination he found that an  $\frac{3}{4}$  instead of a 3 of chloral had been used in making up the medicine. By careful nursing the patient was pulled through his illness, but refused to pay for the medical attendance on the ground that the prescription was wrong, so the doctor sued the druggist for \$25. Mr. Sohn, the druggist, produced the prescription to-day, which called for an ounce of chloral, but, in spite of that, Dr. Parker held that he had only put down a drachm, and that the figures had been tampered with, as the order was written in pencil. The prescription was produced in court to-day, and Drs. Chas. J. S. Digges, J. A. Hornby, Wm. F. McElroy, John Zieres and H. B. Logan were summoned to testify in regard to the effect of chloral administered in as large doses as those given to Mr. Pfifer. They all agreed that under certain circumstances it would be fatal, and would have been so in Mr. Pfifer's case if the mistake had not been discovered as soon as it was.

As to the use of diphthongs, I can see no special reason for retaining them. We have sometimes used them simply because of custom and would-be authority; at other times we have usurped the prerogative of leaving them out. I believe it better to adopt a more uniform method, and to discard them altogether except in the cases of which you speak. But, my dear editor, I want to remind you, that to start anything like a reform in medicine is by no means an easy task. The most apparent principles of utility and justice are often treated with indifference and silent contempt. Thousands are afraid to speak of their convictions of right, for fear of being on the wrong side. Hundreds lead only as they are led. But few are qualified to effect a reform. Do not understand me, however, as throwing obstacles in the way. I feel that you are right and the changes suggested are of no small degree of importance.

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#### LEPROSY.—A CASE REPORTED.

It is reported that a case of leprosy has been seen in one Jo Gong, a Chinaman, in St. Louis. Jo is one of a gang who some time since had been arrested for the murder of a comrade, and was finally released from the jail. For several months he has been unable to

work, but attended to the calls at his laundry and was able to walk upon the streets. The impression had been made that he was suffering from rheumatism until recently; falling into the hands of a specialist, his case has been pronounced one of leprosy. The authorities have taken charge of him and now he is domiciled at the city quarantine. Just what symptoms this case presents we are yet unable to mention. While this disease is very old, the term leprosy has been applied to various diseases, such as psoriasis, scabies, etc., so that much of its history is shrouded in obscurity. More especially is this the case in our country where but few cases are ever seen. The symptoms of leprosy may vary much in different cases, but at the same time there is a similarity in the pathological processes which makes the diagnosis comparatively easy when the disease is fully developed.

There are two kinds, *Tubercular leprosy* and *Anæsthetic or Nervous leprosy*.

When a person is first taken with either kind the patient feels languid and depressed, suffers from sleeplessness and is disinclined to do any work. The appetite is disturbed, chills and general malaise may last for months or years, or the disease may be ushered in at once without prodromal symptoms. Often the first hint is from the patient's companions, pointing out a brown macular condition of the skin.

In tubercular leprosy, tubercles appear after the macular condition. The maculæ are well defined, as large as the palm of the hand, or larger. First they are pale red, or bluish-red, afterward they become brown or yellowish. The patches are smooth and shining and slightly elevated above the surface—thick and harsh. After a time the centre becomes pale, and the margin presents a deep reddish color, which gives the skin a peculiar variegated appearance. Thus it may continue for years. The tubercles are of various sizes and shapes. They are often round and range in size from that of a pea to that of a walnut. They may be single or in groups. The maculæ present on the body and extremities generally; the tubercles may come on the face and hands, presenting great deformity. The lips become thickened and the alæ of the nose are widened. The whole face may assume a brownish color. The tubercles undergo various changes; they may shrink

and become absorbed; they may form abscesses and ulcers, the pus of a horrible odor. On the mucous membrane there may be similar tubercles, in the cheeks, throat, and nose. The eyes become affected and may be destroyed by ulceration. The victim often dies from erysipelas, blood poisoning, or marasmus. The duration usually from eight to ten years.

*Nervous leprosy* after being attended with the prodromal symptoms is ushered in by bullæ. Hyperæsthesia is a prominent symptom of greater or lesser intensity. Patients are peculiarly sensitive, they cannot handle anything without pain, but finally terminates in anæsthesia. Thickening and enlargement of the nerve trunks are seen. The patches of anæsthesia may be so perfect as to admit of pins driven into the flesh without the slightest pain. Another feature is the thinning of the skin, with the skin drawn tightly as a drum-head, or the parts may be crowned with wrinkles. The fingers and toes fall off, leaving painful stumps. After a time the central nervous system is affected, the patient somnolent and morose. Clonic spasms, or dies of marasmus, or some intercurrent disease.

### PEROXIDE OF HYDROGEN.

The formula for peroxide of hydrogen is  $H_2 O_2$ , and was discovered by Thenard in 1818, by adding dilute acids to the peroxide of barium. Hydrochloric acid is commonly used in its manufacture, though carbonic or hydrofluoric acids may be used as well. It is a colorless, transparent liquid with a specific gravity of 1.452 and does not freeze at a temperature of  $22^\circ$  below zero (Fahrenheit.) The sunlight decomposes it, as also preparations of charcoal, gold, silver, platinum, manganese and alkalies. It will, in contact with these substances, sometimes decompose with explosive violence. The commercial peroxide of hydrogen is a three per cent. aqueous solution, and is that commonly used. It accomplishes oxidation quite rapidly when applied to exudations or when given internally. It is sold in the shops usually for bleaching purposes. Of late, much mention is made of it in the treatment of fresh and old wounds, abscesses, sinuses, gangrene, burns, traumatic fever, and to check the processes of fermentation. Locally, it is used in various strengths. For the nose and ears, in catarrh and suppurative processes, it has been used one part to two and four of water. It readily dissolves



the diphtheritic membrane on the throat applied undiluted, by means of a probang.

Internally it is a vital stimulant. A solution, one part of the peroxide of hydrogen to twenty parts of water, a tablespoonful may be taken at a dose according to the National Dispensatory. I usually give it, five to ten drops, diluted with water, repeating it when necessary. In difficult breathing, in phthisis, pneumonia, asthma, croup and diphtheria, I have found it specially useful. In fact, surprising results have followed its administration in my hands.

It is an antiseptic of the first rank, hence in all diseases with a putrescent tendency I believe it is indicated. Internally, for general systemic infection, and locally for putrescency. Internally where the blood is charged with an excess of carbonic acid and defective in its oxygen. As a germicide, with those who hold that diseases are produced in this way, it will certainly destroy bacteria. With pus it produces an effervescence and deodorizes whatever fetor is present. The foaming and bubbling will continue until the pus is decomposed. In caries, or all destructive processes of bone, it produces thorough and hasty deodorization and decomposition of the effete and dead particles; thus it is a thorough cleanser and is highly useful in such cases. Lastly, it does not act as a poison. Our experience with this agent is not very extensive, but we hope to be able to report more at length at some other time.

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### INJURIES FROM ELECTRIC LIGHT.

As electricity is from day to day coming into use, we must expect to come in contact with cases of injury of greater or lesser intensity. The current from the electric light is of the most imminent danger. The employes engaged in hanging the wires are constantly exposed to the current, and when the wires have imperfect insulation the current may be suddenly and unexpectedly conveyed to the individual, taking life immediately, or injuring him in such a way that death will result finally. The injury is to the nervous and muscular systems, producing paralysis of greater or lesser intensity, aside from the necrosis of tissue resulting from the severe burning.

On February 27th, Walter Archibald, engaged by the Bell Telephone Company in hanging wire on poles used also by the Electric Light Company, received the current from the electric light, which nearly cost him his life. A heavy rain was occurring while this individual

was climbing a pole. A wire, which must have been poorly insulated, communicated the current to the stream of water running down the pole, and from thence to Mr. Archibald. He was suddenly thrown from his hangings upon the pole, and caught in the numerous wires. He was discovered entangled in the wires, hanging in mid-air, with his head downwards, perfectly helpless and insensible. Some time ensued in making the preparations to rescue the man from his predicament. During this time he must have been thrown out of the general circuit, or else the current must have been light. He was taken down insensible, but soon recovered consciousness. He was burned in many places upon the body: over the region of the liver, on the palm of the right hand, the dorsum of the thumb, the calf of the leg, and over the dorsum of one foot. It seems that the wire must have caught upon the dorsum of the left great toe, and producing a contraction of the extensor proprius pollicis muscle so as to form a hook out of the big toe, of sufficient strength to hold the weight of the victim with his head downwards. This toe was charred to the bone, and now leaves the bone exposed. The first phalanx is also broken, and possibly will necessitate an amputation.

The case at the present writing is under my charge. There is no internal injury to contend with; the burns are being treated, and the granulative process will accomplish the cure. As an application I find the following to be the best dressing: R. Balsam fir, ℥j; carbolic acid, ℥ss; Oleum olivae, ℥iij; mix. Two or three thicknesses of gauze are saturated with this mixture and laid over the parts; a layer of absorbent cotton is placed over this to absorb the exudation, and is secured by a loose roller bandage.

I tried the mild zinc ointment, and the oxide of zinc ointment, but upon redressing I found pent up matter and an odor of decomposition present. With the fir, oil and carbolic acid, the parts are sweet and healing. Upon a redressing the ulcers are bathed with a solution of peroxide of hydrogen, one part to ten of water.

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## THINGS LAWFUL AND THINGS EXPEDIENT.

In a previous issue we adverted to a court decision that had been made relative to the question of physicians *advertising*. In that decision it was held that no state board could deprive a physician of that which was his inalienable right—that advertising was a right he had as a citizen the same as that of a grocer, a shoemaker,

a merchant or tailor, and hence, "no stringencies can be made to stand that deprives a citizen of his inalienable right." The Chicago *Medical Times* grows hot over our remark, and argues that advertising is not legitimate medicine, therefore should not and cannot be legalized, "and those who engage in it are obtaining money, as a rule, by methods not legitimate, therefore \* \* those who advertise, rob the people of their money."

If the reader will not interpret us as favoring *quackish advertisers*, we would like to show how it is that the language of the *Times* is defective. We admit that advertising is not legitimate medicine, neither is it legitimate shoemaking or grocery-keeping; but then, there is no law against it. It is what might be called a privileged right. A citizen, no matter what his avocation or profession is, may exercise this privilege so long as he does not impose on the rights of others. He may even presume on the credulity of the people, and the ignorant are liable to imposition for not knowing better. In one of our city parks I see a board nailed to a tree, with these words: "*All dogs caught within this Park will be shot*," and I observe that dogs must be able to read these words, or they must have a master who can read for them, else they will be shot if they enter the enclosure.

Laws are imperative, they have but little mercy in them. It is presumed that every man shall know the laws and abide by them; if he violates law he suffers the penalty. If a man advertises his stock in trade, a person has the right to buy or let it alone. If a man advertises what he cannot furnish, he imposes a fraud on the people.

So far as the *right* of advertising is concerned, that has been settled by the courts; it is therefore not a question of *right*, nor a question of *privilege* for a physician to advertise, but wholly a question of *propriety*. From the days of the Apostle Paul until now, some things have been lawful, but some things have not been expedient. The editor of the *Times* bases his reasoning on too low a ground—"those who engage in advertising are obtaining money, as a rule, by methods not legitimate." That is an objection of minor importance. It is the trifling with life and health. A man has the right to give his money to an advertising quack if he wants to, but he has no right to subject his life to him, no more than to jump into the river or to hang himself.

The quack has a right to advertise, but when he imposes on the ignorant, there ought to be a law the same as on "cruelty to animals." And when he promises that which he cannot perform, he should be dealt with for fraud; and when he takes the life of his fellows, he should be treated for manslaughter or murder.

### LACERATION OF THE CERVIX UTERI AND ITS RELATION TO DISEASE.

In the *Archiv für Gynakologie* is a paper by Nøggerath, read before the Society of German Naturalists and Physicians in September, 1887. In this the writer opposes the operation of repairing the cervix. He says: Out of 100 cases of uterine disease which he had observed, in 50 the cervix had never been lacerated. Displacements of the uterus were equal in both—those lacerated and those not lacerated cases. Twice as many women without lacerated cervixes were sterile after the birth of their first born; and out of 20 cases of abortion, 12 occurred in women without lacerations. Erosions and eversions were more frequent in the nullipara. Ectropion was affirmed to be due to a swelling of the lips and might occur in an intact cervix. Eversion in cases of laceration was produced by introducing Sims's speculum, which put the anterior and posterior vaginal walls on a stretch, and thus caused a rolling out of the lips.

Nøggerath claims that women conceive more readily when the cervix is lacerated than when intact, and they abort less frequently; that displacements of the uterus are not produced by lacerations of the cervix; that hypertrophy of the uterus is an accompaniment, not a result of laceration; that laceration of the cervix has no influence on producing uterine disease. That erosions and ulcerations occur with equal frequency in the torn and in the intact cervix; that ectropion is not the immediate result of laceration, and that restoration of the original shape of the *portio vaginalis* can have no influence upon the existing condition of the uterus.

### HYSTERECTOMY FOR FIBROIDS AN UNJUSTIFIABLE PROCEDURE.

Dr. Keith (*British Medical Journal*) says: "Hysterectomy for fibroma must go!" It is an operation that has done more harm than good; as its mortality is out of all proportion to the benefits

derived. One out of every four have died after an operation for the removal of a tumor that, as a rule, has a limited active existence and that of itself rarely shortens life. Said Dr. Keith: "When I came back from my holiday, in the beginning of July, there were waiting for me several cases for hysterectomy, or for the removal of the ovaries for bleeding fibroids, and there have been others since. These have all gone home without operation, with menstruation almost normal, and improving after their return, with the tumors in every case reduced in size, with pain gone and with freedom to walk about and enjoy life, such as they were long strangers to. In one case only has there been a return of hemorrhage. The tumor had gone down two-thirds; she was apparently well, and, unwilling to detain her longer in town, she was allowed to go home too soon."

Dr. Keith applies electricity in strong, accurately measured doses, upon an average of near 200 times to each patient. The labor has not been small—indeed it has been very hard; but the results have been good, and that without the risks of hysterectomy.

I have myself experienced many good results in the treatment of fibroid tumors of the uterus through the administration of electricity, and with the internal use of iodide of arsenic and ergot, using locally iodine, sometimes injecting into the body of the fibroid, ergot or iodine. It is my opinion that hysterectomy is an unjustifiable procedure in cases where the tumors are small. Many of these are self-limited, not specially dangerous to life, and are amenable to milder measures.

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### BOOK NOTICES.

THE LOMB PRIZE ESSAYS.—No. 1, *Healthy Homes and Foods for the Working Classes*, by Victor C. Vaughan, M. D., Ph. D. No. 2, *The Sanitary Condition and Necessities of School-Houses and School Life*, by D. F. Lincoln, M. D. No. 3, *Disinfection and Individual Prophylaxis against Infectious Diseases*, by Geo. M. Sternburg, M. D., U. S. Army. No. 4, *The Preventable Causes of Disease, Injury and Death in American Manufactories and Workshops, and the Best Means and Appliances for Preventing and Avoiding Them*, by George H. Ireland.

Mr. Henry Lomb, of Rochester, N. Y., well-known to the American public as the originator of the Lomb Prize Essays, offers through the American Public Health Association the above, as follows:

No. 1. 10 cents; Nos. 2, 3 and 4, 5 cents each. In book form, well bound in cloth, 50 cents. To be had at the book-stores, or by addressing Dr. Irving A. Watson, Secretary American Public Health Association, Concord, N. H.; and two prizes for the current year on Practical, Sanitary and Economic Cooking, Adapted to Persons of Moderate and Small Means. First prize, \$500; second prize, \$200.

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**MODERN TREATMENT OF HEADACHES.**—By Allan McLane Hamilton, M. D., being No. 6 of The Physicians' Leisure Library, published by Geo. S. Davis, Detroit. Paper cover, 25 cents; cloth, 50 cents. The series of 12 for 1887, \$2.50 and \$5.00.

These 114 pages have been drawn from the author's own experience without great reference to other articles or books. Many valuable hints are here to be gathered on this distressing and difficult subject.

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**THE PRESCRIPTION**—Therapeutically, Pharmaceutically and Grammatically Considered. By Otto Wall, M. D., Ph. G., Professor of Materia Medica and Botany in the St. Louis College of Pharmacy, Professor of Pharmacy in the Missouri Medical College, Member of Committee of Revision of the Pharmacopia of the U. S., etc.

Correct prescription writing is an accomplishment which is to the physician what elegant clothes are to a gentlemen, or a handsome frame to a fine painting. If it is not an essential part of his education, it at least displays his other acquirements to best advantage.

The above mentioned work is the most extensive and complete work on the prescription published, and met with exceedingly favorable reception when published serially in a pharmaceutical journal. It has since been thoroughly revised and enlarged, and is now issued in book form

It contains the rules of the Latin language; rules for abbreviating; an explanation of weights and measures, including easy methods of acquiring the ability to write metric prescriptions; rules for general and special extemporaneous prescribing and determining doses for adults and children; rules in regard to combining remedies of similar and of different therapeutical or physiological actions; an explanation of incompatibles; statements of the influences of sex, age, climate, time of day, etc., on the action of medicines; and, in short, explanations of every influence or circumstance that should

be considered by the therapist when writing a prescription. It also considers fully every form in which any remedy can be prescribed for, either internal or external administration or application, and gives rules for writing such prescriptions.

"The Prescription" forms a handsome octavo volume of 184 pages, with a copious index of 12 columns, arranged very conveniently for ready reference. It is printed on heavy paper, in clear type, and is elegantly bound in cloth.

It will be sent postpaid on receipt of price, \$1.50, by the publishers,

THE AUG. GAST BANK NOTE & LITHO. Co.,

215, 217 and 219 Pine Street, St. Louis.

Also, Nos. 9, 11 and 13 Desbrosses Street, New York.

**SKIN DISEASES—SECOND SERIES—PARTS 3 AND 4.**—Photographic Illustrations. An Atlas and Text-Book Combined, by Geo. Henry Fox, A. M., M. D. Published by E. B. Treat, No. 771 Broadway, N. Y. Price, \$2.00 per part.

The photographic illustrations are colored and are very natural. Diseases of the skin, a subject so difficult to understand without close application and without seeing typical cases of each disease, is here brought before the physician as clearly as if by life. The text is also plainly written and in bold type. The work should be in the library of every physician.

**ATLAS OF VENEREAL AND SKIN DISEASES.**—By PRINCE A. MORROW, A. M., M. D., *Clinical Professor of Venereal Diseases, formerly Clinical Lecturer on Dermatology in the University of the City of N. Y., Surgeon to Charity Hospital.* Published by William Wood & Co., N. Y.

The first and second "fasciculus" have been received, and I must say that the author and publishers have done great credit to themselves in bringing out this the largest and most complete work on these subjects we have seen.

The Atlas will be published in fifteen imperial folio parts, containing seventy-five superb colored plates, executed in true chromolithographic style, exquisitely printed in flesh tints and colors, containing several hundred figures, many life size, together with descriptive text for each plate. The whole to form one magnificent

thick, imperial folio volume, all to be published this year. The Atlas of Venereal and Skin Diseases will be sold by subscription only, at the very moderate price of \$2.00 per part.

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OBSTETRIC SYNOPSIS—PHYSICIANS' AND STUDENTS' READY REFERENCE SERIES.—By John S. Stewart, M. D., Demonstrator of Obstetrics and Chief Assistant to the Gynecological Clinic of the Medico-Chirurgical College of Philadelphia. Published by F. A. Davis, 1231 Filbert Street, Philadelphia, Pa.

This little volume comprises 202 pages and is specially designed to assist the undergraduate in acquiring a thorough knowledge of this department. A very neat little book, and is well illustrated. Price not stated.

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DISEASES OF THE HEART.—By Alonzo Clark, M. D., LL.D., *Emeritus Professor of the Principles and Practice of Medicine, etc., College of Physicians and Surgeons, N. Y.* This is the sixth volume of "*Treat's Medical Classics*." One octavo volume, 251 pages. Price, \$2.75. E. B. Treat, Publisher, 771 Broadway, New York.

This book is the crowning effort of its distinguished author. Few, if any, in the medical profession have attained to higher eminence as a skillful diagnostician. Filling for many years the chair of Professor of the Principles and Practice of Medicine in the College of Physicians and Surgeons, New York; and standing in the front rank, if not *the first* of "Consulting Physicians" in his specialty, he enjoyed unsurpassed opportunities from personal observation, original investigation and familiarity with the literature of the subject, of becoming the ablest expert of his time.

The information gathered in this volume embodies the substance of his teachings and lectures on "Diseases of the Heart" given to his students. Nothing is omitted which would tend to give a clear exposition of the views which he inculcated as teacher.

The volume cannot, therefore, fail of being of great value to practitioners, as it contains the results of a singularly calm and judicious mind of one who had long and pre-eminent experience, and whose ripened harvest of thought is gathered into this sheaf, which ought to find an honored place in the medical granary among other distinguished sheaves.



It gives emphasis and increased interest to this book to know, that it is the only portion of Dr. Clark's many and valuable articles, lectures, teachings, and medical examinations given to the profession in permanent published form.

The recent death of this eminent physician and author, and the fact that this is the only volume from his many papers, edited and published in permanent form, will make this second edition of special value and interest to the medical profession.

### NOTES AND PERSONALS.

CORRECTION.—In our March number, in "*Nutritivè Enemata*," on page 127, our typo made us say, "*pint* of starch," instead of *pinch* of starch. A pint of starch *water* would not have been so far out of the way, but our *bovine* manufacturers say that if the formula is literally complied with, and a *pint* of starch used instead of a pinch, the patient will be able to get up and walk away without trouble, being sustained by the stiffening qualities of so much starch. I admit that a stiff upper lip would be useful, but how such an effect would work on the other end of the alimentary track is beyond my experience.

SUCCUS ALTERANS.—I have used Succus Alterans in both primary and tertiary syphilis during the last two years with the most gratifying results. To the general practitioner of medicine it is a veritable desideratum. Yours truly, P. A. GORDON.

OUR BOOK NOTICES.—The reader should not fail to read of the books we have received this month. Our book publishers are vieing with each other in bringing out a better class of books than before. While we may have foreign authors of books, our American publishers seem to excel in the quality of their work. There is no country equal to ours in the beauty of book printing and binding.

LAXATIVES.—Chas. A. Hoff, M. D., in *The American Analyst*, says: The importance of laxatives is probably nowhere appreciated so much as in the constipation of pregnancy; and it is to this fact, no doubt, more than to any other, that Acid Mannate owes its great popularity and fame among remedial agents. The testimony of thousands of honorable medical gentlemen leading us to believe that, through the beneficent effect of this same elegant formula,

constipation need not hereafter, as in the past, be regarded as one of the most troublesome attendants upon gestation. Moreover, the atrocious female pill of unknown composition, but of dire effect, which has deluged the drug market for ages, we may consider as having had its day; and it is to be hoped that, since the physician is now in possession of a purgative especially suited to the period of gestation, female life will be less frequently harassed by the ails and aches said to be peculiar to the sex; and that miscarriages, displacements, granular erosions, congestions, headaches, dyspeptic and hypochondriacal attacks, and the whole long train of aches, pains and nervous ills, will grow less familiar to the medical profession in the same ratio that the physician increases his familiarity with the actions of Acid Mannate.

A full sized bottle of Acid Mannate will be sent free to any physician who desires to test it, if he will pay the express charges and mention this Journal, on application to the

RIO CHEMICAL CO., St. Louis, Mo.

"PUT OUT YOUR TONGUE," said a doctor to a lady patient; "a little farther, if you please—a little farther still." "Why, doctor," cried the gaping invalid, "do you think there is no end to a woman's tongue?"

**TONGALINE.**—Miss Mollie J. has suffered from facial neuralgia for the past three or four years, experiencing at times most excruciating pains. Had been under the care of quite a number of physicians who had used Quinine, Liquor potassa arsenitis, Gelsemium and various other agents without securing any permanent relief.

I prescribed Tongaline in teaspoonful doses. She showed signs of improvement from the third day after she commenced taking that remedy, and now states she believes she is thoroughly cured, having felt no twinge of pain for nearly a month, whereas before taking Tongaline her paroxysms were of almost daily occurrence.

L. L. PORTER, M. D.

**RAIN WATER**—is rarely pure and wholesome as it falls from the clouds. In its fall through the air it absorbs atmospheric germs, carbonic acid and ammonia salts. Over cities it brings down soot, sulphurous and sulphuric acids. Near the sea, it contains a little salt. These substances may be removed by filtering.

**CRYSTALLINE PHOSPHATE.**—Having used the Crystalline Phosphate in several cases of malnutrition, also in the debility incident to later stage of typhoid fever, it certainly seemed to aid nature's forces in a marked degree. Have had one case of marasmus, a little boy, who had been under the care of several physicians before he was placed in my care. I at once made a trial of the Crystalline Phosphate, and, as I gave but very little else, I am convinced that the marked improvement was due to this preparation. He had been very much emaciated; is now quite plump and well. I have also used it for brain-fag and found the effect very good. It seems to relieve the tired, worn feeling of overstudy entirely at once. I shall continue to prescribe it in such cases.

Respectfully, C. SANTER, M. D.

**VACCINATION FAILED.**—"I don't believe it's any use to vaccinate for small-pox," said a back-woodsman; "for I had a child vaccinated, and in less than a week after he fell out of the window and was killed."

**ELIXIR PURGANS.**—I have used Elixir Purgans myself and prescribed it for my patients, and take pleasure in saying that it is both pleasant and agreeable to take, and effectual in its results, and well adapted for either a cathartic, laxative or aperient.

Respectfully yours, J. KENDELL, M. D.

**TRICHINA.**—A chemist is said to have discovered a remedy for the trichina. It is nitro-glycerine, inserted either into the hog or the eater of the pork, and then exploded.

**A MEDICAL POINTER.**—Thomas Inman, M. D., in one of his essays on "Restoration of Health," once said: "Do you wish to ascertain the health of a baby, feel the condition of its buttocks. If these are firm and elastic, one may always be sure that the little one is strong and well; but, if on the other hand, they are soft, as if they were boiled turnips in a bladder, it is certain that the child is out of sorts."

**THE USE OF STIMULANTS.**—All persons require stimulants. Food is a stimulant. When do persons require *alcoholic* stimulants? Just before being hung. If the time of execution is fixed, it seldom shortens life.

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ORIGINAL COMMUNICATIONS.

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“DISEASE EXPRESSION AND DRUG ACTION.”

BY A. J. HOWE, M. D.

*Mr. Editor:*—In the April number of the AMERICAN MEDICAL JOURNAL, an able correspondent, A. W. Davidson, M. D., writes upon a somewhat hackneyed topic, and among other things says: “I would not administer drugs upon the ground that such and such remedies *have been known to be followed by such and such effects*,” but would go by disease expression—indications—*pointing to the remedy*.

Now, let us see what that means when scrutinized. How do we know that a certain group of morbid *expressions* “point” to the very remedy needed? Is the knowledge inherited or instinctive, or is it obtained by reading, observations and experimentation? Theories and speculations may declare that the billionth of a drop of turpentine will cure aneurism of the aorta; and a homœopath might declare that he would not practice medicine if he could not thus treat disease, “*for such is specific medication*,” as I once read from a homœopathic journal. But, such is not the specific medication of homœopathy, and not that of Electrics,—and, by the way, what is that of the latter? It is that of *experiment and observation*—it began hypothetically with mother Eve when she observed “disease expression” in the features of the infant Cain,—he had colicky pains, and an implanted instinct in the parent led her to test the

remedial efficacy of herbs growing outside the Garden wall. She had observed that a sick leopard had nibbled a common weed and had gotten well. She gathered a mess, bruised it with a stone, and gave some of the juice to her flatulent offspring, and he too got well; and ever after Catnip was *indicated* for infantile colic. And so it has ever been, is now, and ever may be, time without end.

Dr. Davidson cites Podophyllin as possessing remedial qualities which *when known* will cure certain morbid symptoms. Well, how was the matter known? The therapeutic properties of Mandrake were known as a Bible story. Rachael was distressed in mind because she was not fruitful like her sister Leah, and so she took mandrakes and bore a son. Ever since that time Mandrake has been a specific for sterility,—in sterility Mandrake "is indicated." In modern times other therapeutic qualities have been discovered tentatively, and are now universally ascribed to Podophyllum peltatum, and certain disease (morbid?) expressions have been experimentally found to depart under the influence of the drug. But it is well known that other remedies will accomplish the very same results, so that if Mandrake were to be utterly neglected the death-rate of a community would not be increased thereby. Twenty years ago I prescribed Podophyllin every day, but during the past five years I have not administered a dose. When a certain group of morbid phenomena are met, which once *indicated* Podophyllin, they at present "point" to something else. It is easy to get wedded to a set of ideas, and much resolution to get clear of the prejudice.

Dr. Davidson would have his readers believe there is, or has been, a controversy between Professor Scudder and myself in regard to pathological expressions and therapeutic actions, but I assure the writer that there is, on the point cited, no difference between Dr. Scudder and me, except in phraseology. He prescribes on the same diagnostic expressions that I do, and I use remedies for the same purposes that he does. Professor Scudder affects to despise nomenclatures — *names of diseases*; but when he has nasal polypus to treat he may prescribe for pain in the forehead, occluded nostrils, and a profuse mucus-purulent nasal discharge — a group of symptoms which are the sequence of nasal polypus — then why not call it so at the start. When I have a patient with the symptoms just enumerated I say *polypus* — and fire a missile right at the mark, and

not go fooling around; and the medicine is emphatically *specific*—it is Salicylic acid applied topically.

In hemorrhoids, for instance, the “disease expression” is not wholly in the anal protrusion—there is perversion of function along the alimentary canal which needs to be considered in the course of medication; yet how is the champion of the hypothesis that “drug action” is in some mysterious way associated with “disease expression” to see deeper into relationship of diseases and cures than he who deals in plain words, or who avoids mysticism?

When I have experimented till I have made a discovery, and confirmed my faith with repeated experiences, I become *authority unto myself*, and if I publish my discovery I may find a few who will see as I do and adopt my ideas. *When* I have a *following*, then I become a somebody endowed with authority. I started out on borrowed capital—on the teachings of my preceptors, and followed them until I obtained confidence to experiment for myself. I take a common sense view of everything, abhorring mystification; and he who does otherwise must be ambitious to quibble or keen enough to make it profitable.

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## NEURASTHENIA.\*

BY J. H. McBRIDE, M. D.

Nervous exhaustion or neurasthenia is a condition in which there is a decided loss of vigor of the nervous system without involving organic disease or mental derangement.

The symptoms of neurasthenia differ widely in different cases, and no definite rule can be laid down by which the disease can be recognized. In a general way it may be said that it is characterized by lessened ability for work of every kind, the subject of it becoming easily tired and indeed having in some cases a persistent feeling of weariness without any sufficient cause therefor.

There is frequently an inability to fix the mind so that study or the ordinary occupation becomes irksome or even impossible. The sleep is apt to be disturbed by unpleasant dreams, and often one rises as tired as on going to bed.

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\* An extract from the annual report of the Medical Superintendent of the Milwaukee Sanitarium.

Sleeplessness is often an early symptom of this disorder and it is sometimes most difficult to remedy. A business man exhausted from over-work, and beginning to suffer from brain tire, finds that his mind continually recurs to his business after working hours, and at night he lies awake thinking of the transactions of the day; sleep, troubled and unrefreshing, coming tardily to his irritable and exhausted brain. In the morning he not only rises unrefreshed but often in an irritable and despondent mood. In this condition of nerve-tire there is frequently a variableness of temper, together with a great change of disposition; the pleasant-natured person becoming impatient and irritable, and the cheerful and hopeful person becoming despondent and apprehensive. There is apt to be headache, weakness of eyesight, deranged digestion and impaired nutrition. In women, the muscular debility is extreme, so that they gradually become bed-ridden and are sometimes unable to sit up or even to raise their head from the pillow.

The sleeplessness, the pain in the head and limbs that are frequent, the indigestion, the nervous sensitiveness and the irritability, the feeling of dread, despondency and timidity, the inability to either exercise, to read or be entertained without suffering from exhaustion, all make up a picture of wretchedness that can only be appreciated by those who are its victims, or by those who have the care of them. Previous to the adoption of the method of treatment by which these cases are now nearly always cured, the physician was as helpless in the presence of this disorder as the body of his suffering patient.

The complete inter-dependence of mind and body and the dependence of bodily activity upon nerve energy are now common-places. Experiments on animals and diseased conditions found in man have demonstrated that every muscle, and probably every organ of the body has a "center" or region in the brain which presides over its activities and supplies it with force. By an ingenious mechanical contrivance it has been shown that when a person performs an ordinary mental act, such as adding a column of figures or thinking of any subject with fixed attention, there is an instantaneous decrease in the amount of blood in the extremities, and the unavoidable inference is that this blood rushes to the brain, producing a normal congestion as an accompaniment of the mental effort. It

has also been shown that when a set of muscles are exercised there is a rise of temperature of the scalp, over the center for those muscles, showing that there is probably an increase of activity in the region that supplies them with blood. Thus there is during the waking state a ceaseless ebb and flow of blood from the brain to the remotest parts of the body, indicating the mutual dependence and intimate relationship of the entire organism and the married harmony of function that prevails throughout its complex structure. This intimate union of the organs allows derangement of function to be felt beyond the parts immediately involved, and this is especially true of the nervous system, which is the engine that drives the machinery of the body and lays hold of every organ by a thousand delicate lines of conduction.

The treatment now adopted for the cure of nervous exhaustion consists in the removal of the patient from home and in the use of electricity, massage, frequent feeding and rest in bed. The first and most important step to be taken is to remove the patient from home and put in charge a judicious and experienced nurse that will carry out every direction of the physician.

It is often suggested to the physician that the patient can be isolated at home, and every possible argument is liable to be used to induce the physician to make an exception to the rule. Experience has however demonstrated that cases of this character cannot be successfully treated in their own home, and if the attempt is made it will result in failure, and in a loss of time and the discouragement of the patient. However pleasant the home surroundings of a patient may be, it is impossible to isolate one there sufficiently for the demands of successful treatment. Members of the family will break over the rule, or friends will call in spite of all injunctions to the contrary. Further, the patients can not separate themselves from what is going on in the house; wondering if letters are not kept back, if friends do not call, or various other fancies, that only a morbidly active and irritable brain can conjure, which keeps them in a state of mental excitement that will prevent improvement under any management. If the patient is removed from familiar surroundings, with the distinct understanding that she is to see no one but the physician and nurse, that she is neither to write nor receive letters, she will have the advantage of knowing just what to expect



and will feel a sense of relief that will probably be of itself beneficial.

It is inevitable that nervous invalids should come to associate their sickness with the surroundings amid which it has developed. When such associations are severed, much has been gained toward relieving the difficulty. Having removed the patient from home and secured a competent nurse, the treatment is to be carried out with system and determination.

In the large majority of cases of neurasthenia in women, absolute rest in bed is necessary, the time it is continued varying in different cases. For these weak and nervous sufferers, rest does for the nervous system what it will do for a broken limb—it enables nature to do the work without interruption, and with the least labor and friction to knit up the shattered fragments. If, however, we put a person in bed for a long period, this absolute inactivity leads to loss of appetite, impaired nutrition and to general failure of strength. It becomes necessary, therefore, to adopt measures to maintain nutrition at the same time that the body is kept at rest. Chief among the measures adopted for this purpose is rubbing and kneading of the body, or massage. It is really surprising what massage will accomplish in skillful hands. It quiets and soothes those who are weak, nervous and irritable, stimulates the circulation, helps to eliminate waste products from the system and aids in the construction of new and vigorous tissue; it increases the appetite, improves digestion, promotes sleep, and, with other measures directed toward the common result, recalls health to bodies that have long been strangers to it. Another means of restoring nutrition of the body is by the use of electricity; this agent stimulates the muscles to contraction, and, like massage, furnishes all the good results of exercise without the voluntary effort necessary to obtain it. In most of these cases, poor digestion complicates the other difficulties, for the stomach partaking of the general debility performs its functions imperfectly. We therefore give it little to do at a time, giving chiefly liquid food in small quantities and at frequent intervals. This plan of treatment, together with minor details not necessary to mention, is productive of splendid results.

Women who have been confined to bed for months or years, helpless and constant sufferers, have been restored to health completely and permanently.

Men who, from over-work and business cares have completely broken down, under this general plan of treatment are restored to health and return to work well and vigorous.

The plan of treatment above outlined has been tried at the Sanitarium during the past three years with the most gratifying results, and many instances might be given where complete restoration to health has been accomplished, after all other methods had been tried in vain.

The Sanitarium from the first has been conducted as nearly as possible upon the plan of a private home, one of the first considerations being that the patients shall enjoy themselves, thereby furnishing mental diversion and banishing the habit of fretting and worrying, that, like parasites, clings to nervousness.

Diversion, light exercise and amusements are important adjuncts to the medical treatment, and their beneficial effects are utilized in every case. It is hoped the coming years will see a like ratio of the afflicted who come here restored to health.

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### **"A PLEA FOR SMALL DOSES."—A MILD REJOINDER.**

BY C. L. SWARTZ, M. D.

In the *Medical World* we read that Dr. John Aulde, of Philadelphia, has published "A plea for small doses of medicine." He says:

"The following serve to show what small doses will do: Quinine in doses of one-tenth of a grain, to those who, on account of idiosyncrasy, cannot take larger doses, will often be found sufficient. One drop of Tincture nux vomica, or one-twentieth grain of the extract, are frequently as serviceable as a tonic of larger doses, while Strychnine in doses of one-sixtieth or one-hundredth of a grain will accomplish all that is desired, and be much safer than larger doses. Cannabis indica, in half-drop doses at intervals of five minutes, will cause the pain of trifacial neuralgia to quickly disappear. Profuse diaphoresis may be produced by the frequent administration of half-minim doses of Extract of pilocarpus. Phosphorus, in doses of one-hundredth and fiftieth of a grain, given three times daily, will produce such an effect that it may be tasted by a susceptible patient for several days afterwards. Morphine, in tablets containing one-fiftieth of a grain, can be given in many instances with marked benefit. One drop of a one per cent. solution of the fluid extract of Rhus tox-

codendron is often an efficient remedy in stubborn attacks of sciatica and other affections of a like character. One-tenth of a grain of Calomel, given every hour, it is known, will produce an effect on the bowels equal to ten grains given at one time. Corrosive sublimate, one-fiftieth of a grain three times daily, is an excellent remedy in disease of the stomach with fermentation and eruction of gas. It is doubtful if we have any better remedy for the treatment of boils and carbuncles than small doses of Calcium sulphide, one-tenth of a grain every two hours.—(*Practice*)."

The above plea reminds us of a coward ready to "squeal" *enough*, when he is floored and no other means at hand to shield his writhing carcass from getting the worst of the battle; and there are not a few of these cowards, who are to-day not manly enough to openly credit eclectics and homœopaths with having brought about the small doses hinted at by Dr. John Aulde.

Dr. Aulde seems to be powerfully ignorant of the fact that such doses as his plea demands, have been in use for many years by all rational practitioners in medicine. Such sweet innocence presents the doctor as being charmingly stupid in making such a plea at this stage of improvement, over the old and ludicrous doses, so heartily indulged in, in days gone by. Never does an allopath appear so beautifully ass-like as when he tries to show originality in having produced something new in small doses.

Allopaths to-day are using tablets, triturates, parvules, granules and many of the active principles of drugs that have been isolated from the cruder materials in medicine, claiming them as their own, while the truth is, that the merit of producing them belongs to the liberal class of medical men.

Dr. Aulde says: "One drop of a one per cent. solution of the fluid extract of *Rhus toxicodendron* is often an efficient remedy in stubborn attacks of sciatica, and other affections of a like character." This sounds rather homœopathic, as he evidently means dilution instead of "solution." Then, why did the doctor not quote his authority—Hale, Hughes, Dunham, Birt, Lippie, Cowperthwaite, or Rave's Pathology? To give credit to the proper source of his information upon small doses would probably dose his allopathic brethren, and, furthermore, it would not appear progressive.

Allopaths are progressive, we must admit, in stealing with great freedom the fruits of the labors of the eclectics and homœopaths.

labeling them as their own productions. Such bold affrontery is the property of the allopath. Pleasant medicine, small doses, with a reason why we give them, are ours, and as electrics we have the vantage ground and propose to hold it.

"One by one the roses fall."

Allopaths no longer pose before the dear people as Jumbo's. The intelligent part of the people of the United States are favorable to liberal medicine. They are of one accord in saying that big doses should be a thing of the past, as are the sickle, flail, flint-lock-gun, spinning-wheel, wooden-mould-board, chaff-piler and the hour-glass.

We would advise Dr. Aulde to lay off the insignia of allopathic selfishness, cussedness, ignorance, and blindness; then take up the liberal side of medicine and be a man.

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### AN INTERESTING CASE.

BY E. R. WATERHOUSE, M. D.

The doctor often meets with cases that he is unable to fathom, possibly not from any particular ignorance as to pathological conditions, but from its obscure nature, or probably from the perfect blending of many morbid conditions we are unable to divide and classify, so as to satisfy ourselves as to the primary lesion.

Such cases rarely find their way into the columns of the journals, or at least not as often as they should; it is much pleasanter for us all to be able to give reports of cases that have terminated favorably, yet reports of unfavorable ones often prove of real profit and pleasure to all concerned.

One particular case that comes to mind, that may be of interest to brother practitioners, I will designate as "Hystero-Epilepsy," although possibly to any one who has ever handled the case Hystero-cussedness would more fully define the conditions.

Mrs. G., a lady of about thirty-two years of age, from good stock mentally, morally and physically, perfect form and build, with a look that betokens the blessings of health.

She is the mother of one child, a daughter of thirteen years, and the wife of a prosperous merchant.

During the week of the menstrual flux there are manifestations of extreme nervous conditions; she can hardly keep still; no pain, everything goes wrong, she looks upon the dark side of all questions

and sees utter woe and desolation in the near future. This state of things may obtain for several days before the crisis comes, always about low-twelve, when she will spring out of bed from a sound sleep, catching hold of almost anything within reach, with a tremendous grip, and falling to the floor carries with her whatever she has chanced to grasp. Bureau, wash stand, chairs or tableware overturned in a twinkling, her mouth opens to its full extent, the muscles about cheeks and neck are as rigid as if in *rigor mortis*, while the balance of the body is relaxed. Often she will lay in this condition for an hour or more, during which time her pulse and respirations are normal, with no undue flush or palor about the face, or noticeable heat about the head.

Finally the muscles relax, the mouth closes, and semi-consciousness comes on, and she fancies her mission is to clean out the entire establishment, which she forthwith proceeds to do, with an exhibition of clawing, scratching, biting and striking seldom equaled.

Should she succeed in getting her hands into her hair, out it comes by the handful. She will fall asleep in the majority of instances about three o'clock, awaking at the usual hour in the morning, and will be found at her position behind the counter through the day, little the worse for the night's frolic.

The above circus is repeated about every second month at the menstrual period, and oftener should she experience any undue fatigue or excitement. This has been the history of the case for the last sixteen years, with no change as to the severity of these attacks.

On my first examination, tenderness about the ovaries was all the abnormal condition I could discover. I prescribed *Macrotys*, *Pulsatilla* and *Salix nigra*, which she took for over three months, resulting in the postponement of the trouble for a year and a half, since which time they are as numerous as before.

She has been treated by many physicians, including all schools, some of the physicians being men of national reputation. The whole *materia medica* seems to have been exhibited, but to no purpose.

As long as her mouth remains open we are happy, and unless the time is longer than usual, do not interfere. But with the other stage we administer Chloroform, often keeping her under its influences for two or three hours.

There is no doubt some abnormal condition of the organs of generation, and possibly with the brain, but just what and where it is I am one of twenty-five or more that have treated her that cannot explain. It is a singular case, never having met with a parallel.

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## HÆMATOMA.

BY F. A. REW, M. D.

Mrs. H., multipara, gave birth to a male child about eight months ago. The labor was easy and natural. Two months after there appeared several moles (?), as she called them, at about the middle of the posterior border of the right scapula of the child. These rapidly increased in size; the mother, quite an intelligent woman, applied Tr. Iodine, Monsel's sol., poultices, etc., which seemed only to accelerate their growth. When the child was five months old these hæmatoma were as large as a man's fist, and were intimately connected together. At this stage I saw the child and advised the removal of the tumor, permission was readily granted, the cyst was easily raised, the wound healed rapidly, but a few weeks after the child began to develop unpleasant head symptoms. These were for a time controlled by the bromides, but it was soon evident that the child was becoming hydrocephalus. One month after the operation there was a marked prominence over both fontanelles, and the sagittal and coronal sutures were widely opened; the mother would not permit the use of the aspirator and the child soon died.

The parents of the child are unusually robust and healthy. At birth, the mother tells me, there were four little moles or blood blisters at the site of the tumor, these grew very rapidly; in speaking of them she called them blood blisters. When I saw the case it was a genuine hæmatoma; there was a cyst whose wall was perhaps  $\frac{3}{8}$  inch in thickness, apparently composed of hypertrophied and infiltrated connective tissue, and a membrane peculiar to itself and quite vascular. The contents were semi-fluid, apparently blood, and a glairy matter. I would have called it a myxoma but for the blood, which was largely in excess, about three-fourths blood. The child had suffered from birth with indigestion, but felt no inconvenience from the tumor, except that the tumor was "in the way," as the

mother said; the child's clothes rubbed it so much that it was irritated, but it had no fever, convulsions nor dilatation of the pupils; indeed did not seem to mind the tumor except when it was touched; it seemed to be sore and tender. There are six other children in the family, all strong and hearty, but this one was weak and puny from birth. The tumor might be called congenital, as the little blood blisters were there at birth; the cyst had a very vascular pedicle about  $\frac{3}{4}$  inch in thickness. I transfixed it, tying it in two halves, there was very little hemorrhage and the wound healed quickly, there was no fever after the operation, and the child seemed to feel much better until the water began to gather in the head. I never saw a case like it before and am not very anxious to see another. Will you kindly permit me to solicit your opinion on a few points suggested by the case? As such tumors are generally caused or aggravated by a general disturbance of nutrition (it seemed especially so in this case), would a tonic, alterative (nutritive), treatment, begun early, have abated the tumor? Would aspiration have benefited the case? And, finally, does this metastasis from the site of the tumor to the head conflict with the theory of vicarious action, once so strongly urged by your quondam Prof. Rutledge (?), whom may the gods preserve.

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### UNEDUCATED MIDWIVES.

BY C. E. DANIELS, M. D.

While reading a portion of the article in the March number of this journal, entitled "Medical Legislation in Iowa," where the author says "the law permits old non-educated midwives to go ahead and pull the scrotums from male children in breach presentations," and mentions a case to corroborate what he says, I was reminded of a case which occurred in my practice, when a *female* child did not fare much better, and it shows that male children are not the only ones who are subject to the depredations of non-educated midwives, especially when the breach of the child happens to present.

Some time since I was called to see a case where the midwife believed she had found a "good opening," as she informed me she "could feel the mouth of the womb," but "as it would not dilate she had at last made up her mind that there was something wrong,"

but she could not tell what it was. The woman had been in labor over twenty-four hours.

Upon making an examination I found the breach of a female child presenting, and it occurred to me at the time that the external organs of generation of the child appeared to be badly lacerated. The child was soon born, and then upon making a more thorough examination and inspection I found a complete laceration of the perineum, and the opening thus made was sufficiently large and deep to admit two fingers into the child's body.

It was at once evident to me that the midwife had mistaken the breach of the child for the uterus of the mother, and the external organs of generation of the child for the os uteri, and she had been endeavoring to dilate this opening, and when she found it would not "dilate" she concluded "there must be something wrong." Could there be a greater blunder, a more complete evidence of ignorance? Could there be anything more absurd than to endeavor to deliver a child through its own generative parts?

I put four interrupted sutures into the perineum and applied the other appropriate dressing and succeeded in getting union by first-intention. The child made a good recovery.

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### PURPURA HEMORRHAGICA.

BY J. A. B. ADCOCK, M. D.

Little Mary Robinson, age four years, complexion fair, has been healthful, never taken any medicine, and is of healthful parentage.

On the 15th of March, 1888, she fell part of the way down a flight of stairs, which frightened her but did no noticeable injury to the body. Two days after this occurred, Mrs. R. noticed several large blue spots over the body, which was attributed to the fall. But the blue spots continued to appear with malaise and a troublesome cough, till on the 22d I found her in the following condition: Body and extremities ecchymosed; each spot had an indurated centre, which I presumed to be blood-clot; the mucous membrane of mouth and throat I found in similar condition to that of the skin.

Temperature 101°, pulse 140 per minute, kidneys acting well, bowels inclined to be costive, does not rest well at night, is troubled with paroxysms of coughing; on physical examination the rhythm of the lungs seem perfect.



On the 23d found spots fading, temperature  $98\frac{3}{4}^{\circ}$ , pulse 80 per minute, with other physical conditions turned towards the normal. Did not see her on the 25th, but parents say she continued bright and all appearances were very flattering, till the morning of the 25th I found her temperature  $104^{\circ}$ , inclined to sleep, spots fading, not able to detect anything further wrong. I desired counsel, which was granted. The temperature declined slowly for 8 or 9 hours, when the pulse grew more rapid, reaching 150 to 160 per minute. She grew pallid and very restless, with constant small hemorrhage from the nose, and 10 o'clock A. M., 26th, *death* closed the scene.

Treatment: Our therapeutical agents were Hydrar. cum creta and Castor oil to unload the primæ viæ.

Quinia and Mur. acid as tonic, and to antagonize any malarial influence that might be present. The sedatives to subdue excessive heat and control the circulation, and Ergot and Turpentine, for their specific influence on the vaso-motor system—these agents were used as indicated.

QUERY.—Was it fright, produced by the fall, disturbing the vaso-motor system in such a way as to weaken the arterioles and thus admit of a fatal hemorrhage? Or what what could be the cause of such a trouble?

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### A POEM.

BY J. A. PROCTOR, M. D.

EDITOR AMERICAN MEDICAL JOURNAL.—In your March number I see you have a poem on "Homœopathic Soup." Now, let me give you one on Allopathic Doctors, although I am a graduate of that school:

There are doctors of that profession,  
 Who disdain all tricks and imposition,  
 By cards, or bills, or nostrum vending,  
 Or to the cause their influence bending.  
 Still, they adopt some other means  
 To gull the stupid—so to us it seems.  
 Thus swell their bills for ministrations,  
 And their bombastic demonstrations  
 Of hidden danger, when none exists,  
 Showing in what the disease consists,  
 In words technical, unknown to minds

Untaught—and which the doctor always finds  
 The best to conceal the nature of the case  
 And from our mind's good sense efface.  
 A case occurs, John Doe is sick—  
 And if he would some salt and water mix,  
 He might cure himself and save a fee;  
 But fear blinds his mind—he cannot see.  
 He's eat too much—his stomach's wrong;  
 Around his bed his neighbors throng;  
 They are alarmed—much alarmed, indeed;  
 Send for a doctor—go, with speed!  
 The doctor comes and takes his seat;  
 Feels his pulse; how strange its beat!  
 Looks wise, grave, and somewhat sad—  
 The patient eyes him, feels quite bad—  
 The doctor reflects, and shakes his head—  
 Friends stand aghast around the bed!  
 Painful, with suspense, they wait to hear  
 The doctor's opinion, trembling with fear.  
 At length it comes in gastric terms:  
 The patient listens, groans, and squirms;  
 Exclaims aloud, in despair and dread:  
 "Alas," says he, "I'm dead! I'm dead!"  
 Friends, startled by doleful shrieks,  
 Ask for help. Again the doctor speaks:  
 "There is yet, perhaps, a little chance;  
 But his pulse is weak; I cannot use the lance.  
 I will, however, the best prescription write;  
 Give me some paper, clean and white."  
 He writes—but not in words of English plain,  
 Lest the little billet-doux should the drug explain.  
 But in hieroglyphics and dog-Latin, thus:  
 "Oleum castorum for sick manibus,  
 Mixtura cum toruncdum,  
 Colicum almost defunctum."  
 The recipe's given to a trusty friend  
 Who is willing his kind aid to lend;  
 And gazelle, or hart, or roe,  
 He swiftly flies to druggist's store.  
 But, ere he has returned again  
 With physic for the patient's pain,  
 Nature's efforts break the spell!  
 The patient's cured—once more he's well!  
 Cases like this are not a few,

About which there is a great ado;  
They are many, and we here repeat,  
Afford occasion for extortion and deceit,  
In visiting and useless medication,  
Carried on with premeditation,  
With a view to swell a medical account  
To an unjust and exorbitant amount.

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### POSTAL BRIEFS.

**BRIEF ITEMS.**—Crab Orchard salts will frequently relieve vomiting and act on the bowels when other medicines have failed or have been vomited. It is one of the best and most reliable purgatives we have. The greatest objection to it is its unpleasant taste.

Sulphate of atropia when used for a long time in the eyes seems to cause paralysis of the ciliary muscles.

A solution of Sulphate morphia used in the eyes will sometimes cause redness and slight inflammation of the conjunctive, but it soon disappears when the morphine is discontinued.

Have seen several persons who would be seized with violent cramp in the stomach and bowels when the smallest quantity of opium in any form was swallowed.

Muriate of ammonia is better than the carbonate in my hands in pneumonia. When I desire to use the carbonate it is seldom well borne by the stomach in sufficient doses to do any good.

Subnitrate of bismuth fails frequently to relieve gastralgia and gastrodynia because it is given in doses too small. All remedies must be given for the effects, and not according to the doses laid down in the books of materia medica and therapeutics.

Bromide of ammonium is one of the surest remedies we have in epilepsy and menorrhagia; but its effect on the general health of the patient is not good. Iodide of potassium taken for ten days or two weeks, while the Bromide of ammonium is suspended, is the best remedy I have used to counteract the injurious effect of the Ammonium; but nothing seems to overcome its injurious effect entirely.

For chronic ulcers of the leg use such remedies as may be indicated to build up the general health, and apply evenly and smoothly a rubber bandage from the toes to the ulcer and several inches above it. Cover the ulcer, after wetting it with Tr. of Iron or Tr. of

Iodine, with two or three layers of cotton batting before applying the bandage. Be sure to apply the bandage properly. If it gives pain at first loosen it a little. It will give much comfort after a few days if it is properly applied.

C. KENDRICK, M. S., M. D.

STYLOSANTHES.—PROF. E. YOUNKIN, M. D., *Dear Doctor*: Fl. ex. stylosanthes elatior is doubtless a wonderful remedy, prepared by Messrs. Parke, Davis & Co., and recommended as a uterine sedative and tonic. Two weeks ago, in a case of irritability of the uterus and consequent abnormal pains in the seventh month of gestation, after the failure of other remedies, I employed Fl. ex. stylosanthes, of which I hold an ounce sample, giving gtt. xv., and after an hour another such a dose, which relieved promptly. I shall give it further trial. I consider it also valuable in parturition and think the drug is worth trial in this class of cases by the medical profession. Very respectfully yours,

F. VON FRANKENSTEIN.

A LARGE DOSE OF PISO'S CONSUMPTION CURE.—Piso's cure is said to contain R: Morphia sulph. gr. viij; Acid hydrocyanic dil. fl. drs. ij; Chloroform fl. drs. iv.; Glycerine fl. ʒ vijss; Syrup simp. q. s. ʒxvj. Mix. Color with green chlorophyll. Of this preparation a child aged three years got hold of a bottle and drank about one ounce and a half. The amount taken must therefore have contained about ʒ gr. of morphia, eighteen gtt. of hydrocyanic acid dil. and about thirty-five drops of chloroform. The patient soon became stupid and inclined to sleep. An emetic of ipecac was given half an hour after the "cure" was taken, after this strong coffee was given. The patient soon recovered.

W. S. CLIFFORD, M. D.

PHLEGMASIA DOLENS AND FRACTURE OF THE COCCYX.—One of the most interesting cases I ever had, and with perfect success, occurred last month of "phlegmasia dolens" with fracture of or separation of the coccyx from its fellow member, with complete recovery. Mrs. H., aged 32, fourth confinement; she suffered untold agonies continually; fever one day on the seventh day after delivery; she had an easy confinement, but the waters had escaped twenty-four hours previous; she could not move a limb, and every time she was

moved for cleanliness, she would scream with pain and last several hours; she was kept under Morphia (hypodermically), and changed off for Bromidia; used liniments and stimulating diet. Eighteenth day consultation was called, and my (allopathic) friend agreed with me upon my point (and, by the way, right here let me say he treated me with the utmost kindness and respect). I gave Aconite phytolacca, Acidi carb. Glyc., Elix. brom. pot. every two hours, alternating with Soda sulphite; also Tinc. ferri chlo., and finally upon Pot. iodide up to complete recovery, six weeks last Sunday. No fever nor suppuration, ending in absorption and resolution.

GEO. H. RICE, M. D.

### REPORTS OF SOCIETIES.

NOTICE.—LAWRENCE, KANS., JANUARY 26TH, 1888.—The annual meeting of the "Kansas Eclectic Medical Society" is hereby postponed from February 7th to the first day of May, 1888, when it will meet in the City of McPherson, at 2 o'clock P. M.

Evidence is accumulating showing that a great effort will be made to secure medical legislation next winter. Therefore, let every member be in his place and assist in adopting measures to defeat any partisan attempt to abridge our privileges, and to maintain our equality before the law with all other sects, societies, or individuals. Let us come up to this meeting with an unbroken front and maintain our rights as in the past.

By order of the executive committee.

N. SIMMONS, M. D., *Sec'y.*

H. S. LOWRANCE, M. D., *Pres.*

THE ANNUAL MEETING OF THE ECLECTIC MEDICAL SOCIETY OF CENTRAL KANSAS will convene on June the 6th, 1888, at the Grand Central Hotel, in the City of Salina, Kansas. The meeting will be called to order at 10 A. M. All eclectic and liberal physicians are cordially invited to attend and prepare a short article on some medical subject or have a case to report. An interesting address will be delivered by the president at the opening of the meeting.

A. S. GISH, M. D., *Pres.*, Abilene, Kans.

D. M. GILLESPIE, M. D., *Sec'y.*, Salina, Kans.

THE ECLECTIC MEDICAL ASSOCIATION OF THE STATE OF NEW YORK met in the City of Albany, March 28th and 29th, and concluded one of the most successful meetings within its history. The attendance was large and the greater part of the time was given to literary and scientific work. Dr. Wm. R. Hayden read a paper on the abuse of narcotics, treating principally on the abuse of Chloral, Cocaine and Opium; Dr. Cleland followed with a paper on female diseases; Dr. Robert S. Newton exhibited a number of specimens of the brain, showing the seat of hemiplegia; Dr. John A. Beauermann read a highly instructive paper on "The End of the Cell Theory." Many other papers were read and some submitted by title. Sixty new names were added to the Association; whole number 450.

Dr. Boskowitz was the former president, but the new election resulted in Dr. T. Cleland, President; Dr. R. Hamilton, Vice-President; Dr. Jno. A. Beuermann, Secretary; Dr. H. A. Bowles, Treasurer; Dr. E. B. Foot, Corresponding Secretary; Drs. O. A. Hyde, G. P. Carman, James W. Rock, A. R. Tiel, Devenoge, Eldred, R. Hamilton, W. H. Bolles, J. N. Betts, W. H. Hawley, Jr., and J. H. Dye were elected the Board of Censors. A vote of thanks was given Prof. Boskowitz for his good behavior in the presidential chair, and the new officers were installed.

PROGRAMME OF THE ILLINOIS STATE ECLECTIC SOCIETY, TO BE HELD IN THE SENATE CHAMBER, SPRINGFIELD, ILL., THURSDAY AND FRIDAY, MAY 17TH AND 18TH, 1888.—TEN O'CLOCK A. M., MAY 17TH.—First—Call to order by the President. Second—Invocation by Rev. B. F. Crouse. Third—Address of welcome by Gov. R. J. Oglesby. Fourth—Response by A. L. Clark, M. D. Fifth—Reading of the minutes of the previous meeting; presentation of petitions, claims, reports of officers and appointment of special committees. Sixth—Calling the roll of original members at first organization of Society, and eulogy upon deceased members by Drs. R. F. Bennett and W. H. Davis. Seventh—Adjournment until two o'clock P. M.

TWO O'CLOCK P. M.—First—Report of committees. Second—Communications and new business. Third—Annual address of President. Fourth—Reading and discussion of papers: Use of the Obstetrical Forceps, by J. G. Bemis, M. D. Fifth—From

3 to 4 o'clock, talks of from three to five minutes' duration, by Drs. Tucker, Bennett, Whitford, Davis, Wohlgemuth, Clark, Doss, Buecking, Simmons, Kinnett, Munn, Gable, Tascher, Antle, Ellingwood, Crispel, Davis (of Chicago), Hyde, Wheeler, Stratford, Houser and others; each to state the most important medical fact he knows, the aggregate of which information is to be worth at least \$1,000. Sixth—Asphyxia, H. G. Gable, M. D.; Radical Cure of Hernia, H. S. Tucker, M. D.; Diphtheria, E. W. Kinneth, M. D.; Abdominal Surgery, Milton Jay, M. D. Seventh—Adjournment until nine o'clock A. M., May 18th.

MAY 18TH, NINE O'CLOCK A. M.—First—Call to order and report of committees. Second—Reading and discussion of papers; Anti-septic Precautions in Labor, A. L. Clark, M. D.; Fever and Ague, and its treatment fifty years ago, L. F. Stoddard, M. D.; Typhoid Fever, H. K. Whitford, M. D. Third—10 o'clock—Election and installation of officers for the ensuing year. Fourth—Selecting place for next meeting. Fifth—Reading and discussion of papers: Breech Presentations, C. H. Doss, M. D.; Intubation of the Larynx, J. Tascher, M. D. Sixth—Twelve o'clock M.—Adjournment until two P. M.

TWO O'CLOCK P. M.—First—Call to order and completion of unfinished business. Second—Reading and discussion of papers: Treatment of Typhoid Fever, F. P. Antle, M. D.; Influence of Mind Over Matter, B. F. Gardner, M. D.; Chronic Diseases, W. H. Davis, M. D.; Neurasthenia, D. K. Munn, M. D.; Medical Union, R. F. Bennett, M. D.; Nasal Catarrh, A. W. Foreman, M. D.; Phthisis Pulmonalis, Maranda E. Hyde, M. D.; Resection of Joints, E. F. Buecking, M. D.; Puerperal Fever, R. Ellingwood, M. D.; Icterus, Wilson H. Davis, M. D.; Foreign Bodies in the Eye-Ball, Henry Olin, M. D. Third—Adjournment.

Persons who have agreed to write papers and do not see their names on the programme, will know that their agreement to write was not received until after the programme was printed.

The date of the meeting was changed from the 15th and 16th to the 17th and 18th, on account of the State Prohibition Convention, which meets in Springfield on the 15th and 16th, and will so crowd the hotels as to make it undesirable for us to meet at that time.

The following letter accompanies this programme :

LINCOLN, ILL., April 4, 1888.

DEAR DOCTOR :—The enclosed programme will remind you of our coming State meeting. I hope you will feel especially invited to attend, also consider yourself a committee of one to invite all your friends, whether they have been members of the Society or not. It was decided at our last meeting to make this a reunion, it being our Twentieth Annual Meeting. We desire to have all the old members present, and especially the original members, or their absence accounted for.

We wish to make this meeting a social success; to this end a free banquet will be given to members of the Society (in good standing) and their ladies, at the St. Nicholas Hotel, the evening of the first day.

The by-laws will so be amended that all members who pay this year's dues, will become square on the books, regardless of arrearages. Reduced fare on the railroads and the St. Nicholas Hotel have been secured. Now, Doctor, allow me to insist on your devoting a little time to the general good of the cause, and you will be benefitted thereby.

Come with your wife (don't stay away if without one); let us shake hands, get acquainted, and make this meeting one long to be remembered in our professional lives. Yours truly,

WILLIAM W. HOUSER, *Pres. Society.*

**ANNOUNCEMENT OF THE NEXT MEETING OF E. M. SOCIETY OF MISSOURI.**—The Nineteenth Annual Session of the Eclectic Medical Society of Missouri will be held in this city, at the American Medical College, beginning on Wednesday, June the 6th, 1888, at 10 A. M. We earnestly request you to meet with us. Business of very great importance to every progressive physician in this State, matters that have never been before this Society at any of its previous meetings, will be brought up for consideration; therefore, you may further your own interest by being present. It is the intention to make the sessions of this meeting as interesting as possible. The physicians of this city are canvassing the subject of giving several entertainments, in the way of a banquet, a reception, etc., to the members of the State Society and their wives and daughters.



These entertainments promise to be very pleasant, and worth traveling across the State to attend. The object of these entertainments, to which every member will be admitted, is to try to arouse a more fraternal or kindly feeling among the members, get acquainted, and spend a short time in social enjoyment and recreation. Then, if you come, you may expect that the time will be profitably spent.

The committee in charge of these matters requests that each one who expects to be present, provided no unforeseen accident prevents, will send at least a postal card, addressed to the President, in care of the College, stating whether or not you will come, and if you will be accompanied by wife or daughter, so that the committee can form an idea of about how many for which to prepare, thus avoiding unnecessary embarrassment.

The National Democratic Convention, which meets in this city on June the 5th, will bring to the city many representative men from all parts of the United States. This political convention has secured half fare on all railroads, to all who may wish to come to the city at that time. Therefore, the expense of your trip to attend our Society will be nominal; lodging will be engaged, so that there will be no trouble on that point.

Everything seems to indicate that this meeting of our Society will be more largely attended than any of its predecessors. Then come! Send a postal card to the President as soon as you receive this, then begin making your arrangements to come, and permit no ordinary hindrance to prevent.

Hoping and expecting to see you with us on June 6th, we are,  
Your obedient servants,

H. L. HENDERSON, M. D., *Pres.*,

Care of American Medical College, St. Louis, Mo.

M. M. HAMLIN, M. D., *Sec'y*, Gray's Summit, Mo.

THE IOWA STATE ECLECTIC MEDICAL SOCIETY will hold its Twenty-First Annual Meeting at Des Moines, commencing at 10 o'clock A. M., Wednesday, May 30th, 1888. It is desirable that every eclectic practitioner in the State should be present, as business of importance and interest to *all* will come before the Society.

J. A. McKLOEERS, M. D., *Cor. Sec'y*.

**SELECTIONS.****POPULAR BEVERAGES.**

BY P. L. SIMMONDS.

In all countries, civilised and savage, men exert their ingenuity to concoct some popular beverage, either as a thirst quencher or an intoxicant. The indigenous vegetable products suitable for the purpose are made available, whether they be grains, fruits, roots or the sap of trees. Some of these beverages are moderately pleasant, others inebriating; but, as the temperance advocates have found, after numerous experiments, it is extremely difficult to obtain any palatable refreshing drink without a small portion of alcohol forming part of its constituents. A brief glance at some of the less known national drinks may not be without some interest. The indigenous manufacture and consumption depends much on the supply of the raw material from which it is locally produced, although in rich and civilized countries extraneous supplies of popular beverages are imported, where they cannot be made locally in sufficient quantity.

In some localities cider is popular and cheap; the percentage of alcohol in cider ranges from  $5\frac{1}{2}$  to 9.

The production of cider varies in France considerably year by year, and sometimes it falls as low as 4,000,000 or 5,000,000 hl., while in other years it reaches 17,000,000 or 18,000,000. It is principally consumed locally in the country districts, and very little is exported.

The best cider is said to be made in the Province of Normandy, where it was introduced many ages since by the Moors; but cider is made in no fewer than 54 departments. About 150,000 barrels of cider and perry are annually made in the western counties of England, the sweet in Hereford and the rough in Devon, and a good deal is also made in North America. In the Dominion of Canada about 1,000,000 gallons of cider are drunk yearly. In Chili, after making cider and wine from their apples, they extract from the refuse a white and finely flavored spirit, and by another process they procure a sweet treacle, or, as they term it, honey. When properly fermented and prepared the black mulberry yields a pleasant vinous.

liquor. In the cider counties of England mulberries are sometimes mixed with apples to form a beverage known as mulberry cider.

The fishermen of Newfoundland, Labrador and the Gulf of St. Lawrence drink large quantities of spruce beer; it is considered an admirable corrective of their diet, which consists principally of fat pork and salt fish. The process of making it is simple. A few black spruce branches are chopped into small pieces, and put into a pot containing 6 or 8 gallons of water, and boiled for several hours. The liquid is then strained and put into a cask that will contain 18 gallons. Molasses is added in the proportion of 1 gallon to 18 gallons; a pint of the grounds of the last brewing and a few hops, if at hand, are also put in, and the cask, filled up with cold water, is left to ferment; in 24 hours it becomes fit for use. Spirits are frequently mixed with spruce beer to make the drink called "callibogus." In New Zealand a drink somewhat resembling spruce is made from the twigs of *Dacrydium taxifolium*, and was used by Captain Cook.

From the sap of the birch tree some of the tribes of Northern Russia prepare their ordinary drink, "birkenwasser," from which they also make vinegar; and in some districts they boil it into a sweet syrup, which serves them instead of sugar. For those who are too poor to drink beer or mead, this northern wine is the only potive drink.

A drink, delightfully acid and refreshing is made in Brazil from the pulp of the capsule which envelopes the seed of *Cacao theobroma*.

The saccharine liquor extracted from the unexpanded flowers of the ita palm of British Guiana is said to afford a liquor resembling champagne in its briskness.

The sap of the sontar palm (*Borassus fiabelliformis*) is obtained from the stems of the bunches of fruit when cut. This liquor is drunk either fresh or after it has undergone a light fermentation.

It bears also the name of towak or palm wine. Sometimes a species of *Strychnos* is infused with it, which produces a stupefying and intoxicant beverage sold daily in the bazaars in the Moluccas, especially at Amboyna, in sections of bamboo. Palm wines are common in most warm climates. In the Eastern Archipelago it is obtained from the gomuti palm (*Arenga saccharifera*). The princi-

pal production of this palm is toddy (from the sanscrit tade), which is obtained in the following manner: One of the spadices is, on the first appearance of the fruit, beaten on three successive days with a small stick, with the view of determining the sap to the wounded part. The spadix is then cut a little away from its root (base), and the liquor which pours out is received in pots of earthenware and sections of bamboo or other vessels. When newly drawn the liquor is clear, and in taste resembles fresh must. In a very short time it becomes turbid, whitish and somewhat acid, and quickly runs into the vinous fermentation, acquiring an intoxicating quality. In this state great quantities are consumed.

In Ceylon, Madras and other parts of India toddy is obtained from the sap of the palmyra palm (*Borassus flabelliformis*), and there are two kinds, the unfermented juice called sweet toddy, and the fermented or "culloo." The sap of *Caryota urens* is also drunk. The sap of the wine palm (*Raphia vinifera*), called "bourdon" and "lope," is much relished by the savage tribes of West Africa. Other of their favorite inebriants are "wawa," or plantain wine, and "bombe," small beer made of grain. The latter is served in neatly carved and colored gourds, and the contents are imbibed, like sherry cobbler, through a reed. The cool, refreshing milk of the cocoanut is highly esteemed, and other palms are brought into requisition for beverage, such as *Phoenix dactylifera*, and *sylvestris*, *Attalea cohune*, *Elæis guineensis*, and *Jubea spectabilis*.

In Siam, China and Japan rice is the principal grain used for distilling, and forms the "lan" of Siam, the "shonchou" and "mandarin" wine of China, the "saki" of Japan, and the "badek" and "brom" of Java. In China the rice wine they use is by no means agreeable; it is always taken hot, and somewhat resembles madeira in color and taste.

The Malays have a fermented liquor made from rice, which they call "gelang."

The Javanese beverage, "brom," is prepared from the fermentation of rice, and is a kind of beer, and not the produce of distillation. The fine arrack (a name derived from "arak," Arabic for ardent spirit) is an invention and manufacture of the Chinese, of which the materials are boiled rice, molasses and palm wine.

Sake, or rice beer, is the principal and almost the only alcoholic beverage of Japan. The production is estimated at about 150,000,000 gallons annually, equal to about  $4\frac{1}{2}$  gallons per head. Until the last two or three centuries sake was not manufactured on a large scale, but each household made its own supply. Now there are very large breweries in different parts of the country. There are a great many varieties of sake to be obtained in commerce, differing somewhat in taste, flavor and price, and distinguished by fancy names. The proportion of alcohol in sake varies from 5 to 15 per cent. The "sake" of Japan is very heating and heavy, and appears to be as vinous in quality and strength as European ale or beer. It is flavored with honey or sugar.

The Indians of Chili make a drink of maize. The grain is first baked, then steeped in water for a certain time, after which it is boiled and set by to settle, and when fined is fit to drink.

Indian corn is largely used for distillation all over North America, and in South America it appears to have been made into "chica," or maize beer, at a very remote period; for it was a common drink of the Indians long before the Spanish conquest. The liquor is said to be of a dark yellow color, with an agreeable slightly bitter taste. It is in universal demand on the west coast of South America, and is consumed in vast quantities by the mountain Indians; scarcely a single hut in the interior is without a jar of this favorite liquor. From the stalks of the maize a beverage is also obtained in Mexico.

In some of the River Plata States the inhabitants make a liquor from the sweet pods of the Algarrobo (*Prosopis alba*), which, when new, is refreshing, but becomes alcoholized after fermentation. In some districts this liquor is the principal attraction at social meetings.

Sir Joseph Hooker tells us how Murwa beer is made in the Himalayas. Millet seed is moistened and fermented for two days. Sufficient for a day's allowance is then put into a vessel of wickerwork, lined with India-rubber to make it water tight, and boiling water is poured on it with a ladle of gourd from a huge iron caldron that stands all day over the fire. The fluid, when quite fresh, tastes like negus of Cape sherry, rather sour.

In some parts of the East a fiery, intoxicating beverage is made of jaggery (sugar), bhang (hemp), poppy seeds, pepper, cardamoms and nutmeg.

The fermented fruit of the peach gives an excellent brandy, which is chiefly manufactured in the United States. In the southern parts of Hungary, the well-known liquor "shivowitza" is made from the shiva plum.

The liquor called "maraschino," which is chiefly manufactured in the Italian States and Dalmatia, is prepared from a variety of cherry. The fruit and seed are crushed together, one part of honey to the hundred added, and the whole mass subjected to fermentation; during this process it is distilled. The kernel of the cherry contains the elements of hydrocyanic acid, and is, accordingly, much used for communicating its peculiar flavor to brandy and liquors.

From the succulent peduncle of the cashew (*Anacardium occidentale*) an excellent spirit has been distilled with diuretic properties, similar to the best Hollands. A wine made from it resembles in taste an ordinary claret sweetened with sugar, and is a popular beverage among the poorer people in South America. It is the custom of the Brazilians to suck a cashew before breakfast, but at any hour of the day the juice is delightful. It is sweet and delicious, slightly astringent, and a wonderful allayer of thirst. The juice of one cashew is more grateful to a thirsty person than a goblet of the purest water.

The Australian aborigines obtain a fermented liquor by soaking the seed vessels of the *Pandanus*, and washing out the sweet, mealy substance contained in the lower part between the fibers.

The national drink of the Mexicans is "pulque," the sap of the maguey or American agave. After expressing the juice between rollers, or, as was formerly done, by means of suction, it is carried to vats (which are made of rawhide) for fermentation. The sap, which resembles cider, and has a very disagreeable smell, taken alone or diluted with water, is a common sweet beverage in use in Mexico. When fermented, this liquor is very intoxicating, containing about 36 per cent. of absolute alcohol. To strangers both the taste and smell are horrible, something of the style of rotten eggs, but people seem to get accustomed to the flavor. Bayard Taylor says: "I can only liken the taste of this beverage to a distillation of sour milk (if there can be such a thing), strongly tintured with cayenne and hartshorn."—*Journal of the Society of Arts.—Pharmaceutical Record.*

## ELECTRICITY—ITS USE AND ABUSE IN MEDICAL PRACTICE.

The importance of electrical therapeutics is meeting now, after long delay, with proper recognition from our medical colleges. No student is graduated to-day without some knowledge of this branch of medicine, though few acquire it to the degree of proficiency. This is, perhaps, more the fault of the student than the instructor. Electro-therapeutics seem so simple, when considered superficially (which is the way they are considered by most medical tyros), that very little time is given to the study of the subject. Many fancy that there is nothing to be done but start the current and apply the electrodes, that electricity can't do any harm if it don't do any good, and that its systematic application is mere ceremony. It is this lack of knowledge that begets lack of faith both in the patient and operator. The careless use of the battery, the ignorant application of galvanic and faradic currents *ad libitum*, not only fails signally, but may produce genuinely deleterious effects. It is a great misfortune that the advertising of electricity as a cure-all has thrown discredit on electro-therapeutics, which have been branded, therefore, to some extent as a kind of quackery. This is even more so with magnetism. Very often we find people opposed to the use of electricity. They have tried it, they say, and it has done them no good. Investigation generally shows that such patients have worn some of the so-called electrical apparatus or clothing, have used electric hair brushes, or worn "Voltaic medals," which, of course, have nothing to do with electricity, and are not of much use as a liver pad. Occasionally we come across some who have really tried a battery, but it has, perhaps, been the wrong current, applied too strong or too weak, and generally in the wrong place altogether. It is a great pity that it is possible for people to trifle with such a valuable therapeutic agent as electricity, which is often brought by pure ignorance into undeserved disrepute. But it is not only the upprofessional experimenters who err in this way. Many older or less progressive practitioners, who hear the merits of electricity noised abroad, invoke its agency without understanding properly the mode or theory of its application. They had not, as students, any opportunity of studying electro-therapeutics, then in its infancy; and latterly, as physicians, they have not appreciated the importance of the subject sufficiently to give it

due attention. It is in this way that the usefulness of a great remedial agent is hindered and perverted.—*Med. Register.*

THE DOCTOR AND HIS FEE.—A certain medical teacher once said that there should be a chair in every medical school to teach how to charge. The Fee Table is supposed to be a standard, but how many can and will follow it? The established practitioner with a reputation puts his consultation fee up according to his reputation; while the young man beginning life, and discouraged with small gains, puts his fees down to suit the pockets of the poorer classes. Both of these extremes may be wrong, but it is putting down the fees which degrades the profession. The doctor with his high charges soon becomes known, and whoever consults him willingly in spite of this need not complain; but men who charge small fees, such as fifty cents even for an office consultation (and many of them unfortunately do it) find patients, able to pay more, who gladly avail themselves of the chance to pay little. Such patients speak of these doctors as “fifty cent doctors,” and rate them accordingly. Such men charge small fees because, as they argue, it is better to get that than nothing, and the servant class is unable to pay more. It is the servants, above all people, who are able to pay the doctor if they will. Servants receive from \$10 a month up, with board and lodging. In the large majority of cases the wages go for finery, and they put the money on their back. Medicine is no trade; and no member of this noble profession should be willing to “sell out below cost” to gain a certain kind of reputation and to make a few more dollars.—*Maryland Med. Jour.*

THE EMINENT BLIND.—Diodatus of Asia Minor was celebrated for his learning in philosophy, geometry and music.

Eusebius became blind at 5 years of age, and died at 25. Yet, during his short life, his theological writings have come down to us and he will pass down to posterity as one of the fathers of christianity.

Henry, the minstrel of Scotland, was born blind in 1361. He is the author of poetic life of Wallace.

Margaret, of Ravenna, was born 1505, became blind at the age of three months; celebrated for her writings on theology and morals.

Hermann, of Switzerland, was born 1540. Author of history and poetical dictionary.



Nicholas Sanderson, of England, was born 1862; noted for his learning in mathematics and astronomy.

Thomas Blacklock, of Scotland, was born 1721, became blind at six months; celebrated for his learning in poetry, divinity and music.

Huber, of Switzerland, was born 1750; he wrote on natural science, bees and ants, and on education.

John Milton, born in London 1608; author of "Paradise Lost."

John Metcalf, born in England 1717; he was a road surveyor and contractor.

John Gough, born in England 1757; became blind at 3 years; he wrote on botany, natural philosophy, etc.

### *MEDICAL AND SURGICAL ITEMS.*

**ASTHMA.**—Prof. Fraser, of Edinburgh, strongly recommends the nitrites in the treatment of asthma. In the course of his experience he has found the Nitrite of amyl as efficacious when given by the mouth as it is when inhaled. The nitrites are all equally effective, but for convenience he prefers the Nitrite of Sodium, usually in one grain doses. Relief almost immediately follows its administration. Why should not the nitrites be tried in coryza—and, for that matter, in still other affections of the air passages, in the early congestive stages? And, again, why not in many other local congestions?—*Jour. of Dietetics.*

**CHLORATE OF POTASH IN EPITHELIOMA.**—Dr. Hyvernaud, in the *British Medical Journal*, speaks of the use of Chlorate of potash in epithelioma. He has treated 63; of these he claims 32 were cured, 15 benefitted, and 16 unrelieved. In the successful cases the disease was situated principally on the true skin, as on the nose, face, eyelids, neck, cheek, back of the head, in the lumbar region and on the inner surface of the leg. The drug fails, as a rule, on the mucous membrane, though a few cases are reported. A fine powder is applied to the epithelioma when it is freed from scabs, and renewed once a day or oftener. A six per cent. solution is used in some cases more to heal the wound, while the powder acts more as a caustic. Several weeks and in some cases months are required to obtain complete cicatrization.

**ANTIPYRIN AS AN ANODYNE.**—The list of affections or morbid conditions in which Antipyrin has been found beneficial is constantly increasing. Not long ago, Prof. Ryerson reported that it produced very marked and prompt relief, taken internally as an anodyne, in acute and painful affections of the eye. This is confirmed by Dr. Wetherby (*Med. Record*), who had a patient afflicted with intense conjunctivitis of the right eye, extreme photophobia and lachrymation, and most intense periodical pain extending from the eye to the head and neck. He happened to have read Prof. Ryerson's article, and ordered for the patient six powders of Antipyrin, of 15 grains each, with the instruction to take one immediately on reaching home, and to lie down. It turned out that only one powder was required to produce relief, the patient sleeping quietly during the whole night. Of course, a local treatment was employed for the inflammation in the eye, but whenever this was subsequently followed by a dose of Antipyrin the patient remained free from discomfort and pain. Dr. Wetherby thinks that the Antipyrin not only acted as an anodyne, but that it also had a controlling action on the inflammation, since the eye improved more rapidly than any other he had ever treated, which was similarly affected.—*Am. Druggist*.

**RESECTION OF THE RECTUM.**—Bardenheuer describes an operation for the removal of the rectum, leaving the sphincter untouched. The sacral ligaments and the sacrum itself are cut through. The rectum is then brought into the wound by the index finger and the connections of the rectum stripped. The gut is then cut through, well above the diseased portion, and is then severed above the sphincter. The remaining portions are then stitched carefully together. The cut through the sphincter with which the operation begins is left unsewed. Hemorrhage is stopped by pressure with carbolized sponges, and about four ligatures, where formerly in similar operations fifty to sixty were necessary.

**RESUSCITATION OF THE ASPHYXIATED NEW-BORN CHILD.**—In the Obstetrical Society, of Philadelphia, Dr. Goodell said that the danger in methods of resuscitation lay in their roughness; they were liable to put out the flickering flame of life. He had seen buttock-slapping and various other violent methods resorted to to quicken slow breathing, and he was sure that they had extinguished the feeble life of the child. When the child gasps, he sometimes blows on the chest or

gently rubs its back to induce more frequent respiration and then lets it alone, merely wrapping it up warmly. But if there should be no effort at respiration and the heart still beats, then any of those rougher methods are permitted. In the Preston Retreat he was accustomed to lay the child across his knee, the head and arms hanging down on one side and the limbs on the other side of the head; then he gave it a quick upward movement, and, as it came down, he doubled the child up with its knees to its chin. This folding and unfolding of the child favored the entrance and exit of air. But after it had gasped once, he stopped all violent movements and practically let it alone.

In one case where he had been called in consultation, one of tedious labor, the child of a physician, after all efforts had been made to induce respiration, they all discontinued as fruitless, and the child was laid aside as dead. In a few minutes afterwards it was heard to cry and is now living. In another case, after every method of inducing respiration had failed, the child pronounced dead by the father, a physician, and also by the attending physician. To keep the body sweet, it was placed outside of the window on the roof, the night being a cold one. When the child was taken in to be washed before it was laid out, it was found living and is now alive. On one occasion, at the Preston Retreat, a child was laid aside in a corner as dead, after the doctor had used various methods of artificial respiration. An hour later the nurse took it into the bath-room to wash the body and she found it breathing. It also lived.—*Am. Jour. Obst.*

**GONORRHEAL INJECTION.**—Dr. G. W. Pierce says, that it has been found that Lloyd's Hydrastis, unaided, will check the gonorrheal flow in a few days and without danger of the medicine bringing on other complications of the disease. At first we use the following prescription: Lloyd's Hydrastis,  $\frac{3}{4}$  ss.; Glycerine,  $\frac{3}{4}$  ss.; Aqua dist.  $\frac{3}{4}$  iij., M. Use as an injection two or three times a day. This alone will usually complete the cure in a few days. If after three or four days the case is obstinate and does not yield rapidly, we substitute the following: R. Acetate of zinc, gr. v.; Acetate of lead, gr. v.; Lloyd's Hydrastis,  $\frac{3}{4}$  ss.; Glycerine,  $\frac{3}{4}$  ss.; Aqua dist.,  $\frac{3}{4}$  iij. M. Use as an injection three times a day. It is seldom the second prescription has to be resorted to, the first generally completing the cure.

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**E. YOUNKIN, M. D.,**

**EDITOR AND PUBLISHER.**

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Original Articles solicited from all sources.  
Clinical Reports, Surgical Operations and Notes of Interesting Cases specially invited.

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## EDITORIAL.

### HERNIA AND ITS COMPLICATIONS.

We mean by hernia a protrusion of the viscus or contents of the abdomen. In the simplest and least complicated of its forms, it is by no means a trifling annoyance, for it is liable, at any moment, to result most disastrously to its subjects. As a surgical disease, its investigation is attended with an importance touching the adoption of appropriate remedial measures. When we reflect how rare it is that the surgeon is called to exercise his art and skill in the least complicated of its varieties, then we begin to realize the necessity of a familiarity with its more complex forms.

Of all the conditions, none are so likely to demand our skill as that of strangulation. Neither are any of its numerous phases so urgent in their character. The diagnostic signs which determine the existence of strangulation are so distinctive that they are generally readily recognized. But, while we may be able to say that fecal obstruction exists, with arrest of sanguineous circulation, we may entertain doubts in relation to pathological conditions in given cases. Neither the age of the patient nor the length of time the protrusion has existed are particularly diagnostic in determining the extent of inflammation, and the question which presses itself most urgently is, to what extent has the inflammation changed the parts directly involved? The symptoms may be so well marked as to leave no doubt that the strictural lesion exists to such an extent as to forbid all rational expectation that any treatment will avert the fatal issue.

With more certainty can an unfavorable prognosis be made, if the urgent symptoms have supervened upon a sudden, recent inflammation, since gangrene would soon result, and with its occurrence local and constitutional evidence of unmistakable character.

There are cases of hernia in which strangulation occurs prior to the slightest change of inflammation, and so severe in character as to cut off, at once, the circulation and nutrition, so as to produce rapid mortification of the textures upon the distal side of the stricture. Could the surgeon know the true pathological state of the implicated textures anterior to that of stricture, in which he now sees the case for the first time, he might be able to determine with more certainty the character of his remedial means.

The greater magnitude of the protruding mass does not necessarily imply a corresponding extent of the lesion, for even then a frequent journeying through the aperture may be repeated for many years without further complication. In the condition termed irreducible, we have both change of structure and relation of parts, so that in its early history we have a temporary abnormality, but now a permanent abdominal fixture, independent, too, of strangulation. This form is attended with more suffering, and is more prone to strangulation. When these two conditions are blended the abnormalities are more complex, and without a knowledge of previously existing circumstances, the complication is greater than we had anticipated. The data, therefore, in which we can calculate results, are both the ancient and recent state of the parts concerned.

It will be remembered, too, that this variety of the disease, restricted as it is to the intestine, is much relieved when considered in its application to the omental form, since cutting the stricture has been followed with greater proportion of recoveries in the latter condition. The more unusual relation of structures, some of which might be termed anomalous, are more frequent in inguinal hernia in the male and femoral in the female.

In the femoral variety the testicle, instead of descending in early life to its normal site, may be arrested in the spermatic canal and become fixed in its relations, or may remain so non-adherent as to allow it to traverse more or less the extent of the canal, appearing now and then at the lower aperture, then receding; but whether it be movable or stationary it can be distinctly felt, having the appearance of some form of innocent tumor. It may pass or repass the inner ring retiring within the abdominal cavity, when no sign of its presence can be seen.

A more frequent abnormality, and when it exists in connection with strangulation, is omental protrusion, which may become fixed in its untoward location. The situation of the omental protrusion may be at any point, either in the inguinal or femoral canals. When the history of irreducible omental hernia is compared with such as include intestine, we shall find that in all respects the tracks of omental protrusion will be more obscure, less annoying to the patient and more liable to errors in diagnosis. It would be rare that hernial swelling, where the contents are intestinal, would be taken for any other form of tumor; but not so with the purely omental, for it may be so fixed in its new relations, and scarcely show the least connection to the abdominal contents, for its size and touch, as well as its obscure connections, are all favorable to the opinion which has more than once been given, that it was a simple growth, holding no direct textural relations to any intra-abdominal structure. The old man of seventy years, who has carried his "little, harmless wen," as he calls it, for forty years in the inguinal region, is not more discommoded than the woman of thirty-five years, who has a similar lump in the femoral region.

Another variety of hernia, less common than others, but none the less important in its results, and is of great interest to the surgeon, is the concealed or parietal. This may be either omental or intestinal or both. This condition may follow upon cases of long stand-

ing in which the contents have been voluminous, but finally a small portion of the contents becomes caught and is held just within the external aperture. The local signs are chiefly inaccessible, and are likely to be overlooked. It follows upon old cases, when after reduction by taxis, a small part did not quite leave the upper part and the exudative plastic material causes adhesion. Instances of fatal strangulative concealed hernia have been too often demonstrated by autopsies to admit of doubt upon this subject. Not only is there absence of external enlargement or distinct swelling in such cases, but almost entire freedom from tenderness or pain, which affords sufficient grounds for errors of opinion.

Without dwelling upon taxis, and other aids for relieving the strictured parts summarily, we pass directly to the question — when shall all other means give place to direct division of the strictured portion? This has always been an important question. The question can only be answered intelligibly by the truest appreciation of the condition of the structures involved. Neither the age of the patient, the length of time the protusion has existed, nor the number of hours or days since it became strangulated, will determine the exact pathology of the case, which more than all others is the consideration which should settle the question. In the mildest of strangulated cases it would be but a loose estimate to affirm that the parts will tolerate any but the most careful manipulation, and the slightest rudeness of the touch will at times rapidly complicate still the case. While it is impossible for any fixed rule to limit the trial by taxis, it is positively certain that every manipulative procedure beyond a fair trial, if it does not succeed, will surely compromise the interest of the case.

We believe that there are many instances in which, after trial of all adjuvant means has been made, it would be better to proceed at once to direct surgical interference; for an early division of the stricture is of the greatest importance. Are we not often rebuked with the conviction, that if we had handled less and cut earlier, our prognosis would have been much more favorable? I think, of all things to be condemned, it is that method which, after due trial of milder means, we sit down with the hope that the Angel of Chance will pass along and relieve the strictured part. If it is objected that an early division of the stricture is too spoliative, and is in conflict with conservative surgery, we submit whether it is not better to thus

relieve the injured structures than to repeat the trial to reduce, and only complicate the injury? Like many other operative procedures, the cutting process is often delayed too long, and death cannot be charged as the legitimate sequel of the operation, but that the fatality has been the result of procrastination and too great an amount of manipulation.

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### DRUGS IN MOTHER'S MILK.

It is possible to act on infants through the mother's milk, but the strength of dilution is quite uncertain. Infants have been killed by mothers taking large doses of laudanum. Acids taken by the nursing mother may induce colic in the child. Neutral salts taken by the mother will loosen the bowels of her infant; and potassium salts will act as diuretics upon the babe when taken by the mother. Volatile oils are found in the mother's milk. Senna, rhubarb, scammony, sulphur, ammonium, castor-oil, copaiba, turpentine, anise and jalap are among the drugs that have been determined in mother's milk after ingestion by the stomach.

If a mother partakes freely of fruits and vegetables the milk may gripe and purge the child. Antimony should be given cautiously to nursing mothers, as it passes readily into the milk. Iodide of potassium, mercurial salts, arsenic, zinc and lead, will enter the milk at periods varying from four hours to several days, and will continue to be excreted for a considerable time after the drugs are withheld.

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### A CLINICAL JOKE ARISING FROM A STORY HALF TOLD.

At the clinic of the American Medical College, we presented a case as follows:

Here, gentlemen, is a young man of 17 years; there is something wrong with his left eye; he cannot see out of it, and he has not been able to see out of this eye for more than five years. He cannot even discern day-light. Now, I want you to look at this eye; it seems quite clear and bright; there is no inflammation to be seen; the cornea is clear, the lens looks well, the pupil looks natural, but the iris does not seem to respond to the action of light.

You will observe, too, that he closes the lids with difficulty. In fact, he does not close them entirely. The lids may be called rigid. The tear secretes well and sometimes rather abundantly.



Now, gentlemen, of course, you cannot, at this time, enter into a minute examination of this eye, but I want you to look at it—examine it superficially, at least—then tell me what you think the trouble is with the eye.

The class arose, and each gave the eye an inspection, after which they took their seats.

What, now, do you think is the matter with this eye? After a few questions propounded by the members of the class, they began to express an opinion. "I think it is amaurosis," says one; "a nervous affection," says another; "paralysis of the optic nerve," says another; another thought it might be a cataract; another thought there was some opacity of the cornea, etc. Said I: No, gentlemen; you all mistake the diagnosis of this case. I am a little surprised at you, and I know you will feel a chagrin if I should tell you. I would be compelled to differ from every opinion expressed here. Though you were qualified physicians, in practice, and all consulted in this case, and all agreed upon some opinion you have here expressed, I should stand alone and cast my minority opinion against you.

"Professor, what do you think the trouble is with this eye?" I must tell you that this is a glass eye. (Laughter.)

Let this lesson teach you never to be too positive without a thorough examination. You should never be satisfied with a superficial view of matters. It is fortunate that your mistakes have been made in the class room. Imagine your chagrin in a mistake of this kind when out in the practice of your profession. You should hear the whole story, then examine more thoroughly; never draw a conclusion upon a part.

The balance of this story I have not told you. This young man, some five years ago, while striking a nail, caught a spicula of the nail in his eye, and a small piece of wood also entered the ball of the eye. The piece of nail was observed and taken out, but the piece of wood was left unobserved. The splinter gave much pain; inflammation arose, and it continued to be painful and irritable, so much so that it could not be endured, and the eye-ball was taken out. To improve the appearance I put in this artificial eye, and you observe that it looks quite natural. Here the artificial eye was taken out and shown to the class.

**SIR MORELL MACKENZIE, M. D.**

Sir Morell Mackenzie, the English laryngologist, has come to the front from the fact that he has rendered valuable services to Frederick, the present Emperor of Germany.

Dr. Mackenzie was born at Leytonston, in 1837. He began his studies in London, and completed them in Paris, Vienna and Buda-Pest. He was a student of Czermak, of whom he became familiar with the laryngoscope. He took the degree of M. D. in the University of London, in 1862, and was elected a member of the Royal College of Physicians of London in 1864.

Dr. Mackenzie published an excellent work on "Diseases of the Throat and Nose"—the fruit of twelve years of his labors. In

1870, he presented to the profession a work "On Growths in the Throat." And, still later, a work "On the Hygiene of the Vocal Organs;" besides many articles published in the *British Medical Journal*, all of which have made his name of world-wide reputation.



**SIR MORELL MACKENZIE.**

Sir Morell founded the first English hospital for diseases of the throat and chest, in 1863; and held the position of Lecturer on Diseases of the Throat in the Medical College in London. While he has been famed in the medical profession through his writings, his general reputa-

tion has grown from his recent services in the case of the Emperor. Her Majesty the Queen of Great Britain has conferred the honor of Knighthood on Dr. Mackenzie. Considerable strife has arisen with the profession in Germany since Mackenzie became so conspicuous, but the tide of public opinion seems to have at last turned in favor of Sir Morell Mackenzie. The Emperor thanks Sir Morell for the services which he has rendered him.

### THE EVOLUTION OF MEDICINE.

We have received a pamphlet—an address of T. J. Clifford, M. D., delivered at the opening of the Memphis Hospital Medical College. It is on "Some Phases of Evolution." It is a pretty good thing—worth a reading. We give place to a couple of extracts. He says: "The reason why the old dies so hard is because progress is made so slowly, but the survival of the fittest and the ultimate prevalence of the best is a law of nature, true beyond question. After the new school of medicine, with its improvements, had pretty well displaced the old in this country, now and then could be seen a practitioner, frail with age and poverty, riding upon his drooping steed, holding fast to his old wallet, which contained his Jalap, blister-plaster, and a lance so rusty and dull that it makes one shudder to contemplate its use. What is he doing? Hunting a credulous patient; hunting some one who is willing to be cupped, blistered and bled. This old man is dying hard. He still hangs on, but he and his school go West before progressive medicine, as the stage coach before the locomotive." Now, that is a little better than if *we* would have said it, and we hang it up, and say *that* is our sentiments.

Here, again, is a bit of eloquence we would have you read:

"There is a chime in the East and in the West. It is heard in the wild winds—sweep through the pines of the North. It is heard in the mocking bird's song of our Southern savannas. It rings out above the tempest of battle and out-roars the awful Niagara. It is sweeter than an angel's voice and stronger than the surges of the mad ocean. It is the chime of liberty. Oh, liberty! liberty! Why hast thou been hid so long from the world?

"I want the true and the good in all things to prevail. I want homœopathy, eclecticism, and all other pathys and isms, to have an equal show with *us* in the contest of life. I do not want the truth that is in them suppressed. I do not want these truths shut out from humanity. Truth is broad and catholic as the universe, and deep as an unfathomable sea. 'Tis man that is narrow and shallow."

Thus, gradually, one by one depart from the dogmas of codes—rather, the truth, like the fires in the mountains, breaks forth with volcanic force and even ruptures the mouth of the crater.

Tell us not that the medical millenium is far in the distance. The lower strata of the medical pfeffession has been bound and held by

the dictum and creeds of the higher classes. But now a favorable omen is presenting. When we see men in position—professors of colleges—inculcating such teaching as the above, it would seem that the hour has arrived—the time is at hand.

Look at the tone of the medical journalism of to-day, and but few periodicals are standing in defence of the old beaten paths. Here and there a writer, deploring the condition of things, and pleading for a return to the old theories and practices—to his Calomel, Jalap, blisters and lancet—but the tide of progress lashes him to the shore, his sails are shattered, his barque leaky, and soon he shall be petrified as one of the extinct races of the past.

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### CAN ANY GOOD THING COME OUT OF NAZARETH?

Nazareth was a small city of Lower Galilee. Its environments had nothing special to commend it. The soil of the surrounding country was a barren waste, and bade defiance to agriculture; its citizens were poor, and they made less pretensions than those in cities of larger growth. The prejudices of neighboring cities were great, and it was thought that no good thing could come out of this city. To be a Nazarene was to be despised. Any good accomplished could not be credited to an inhabitant of this city. Notwithstanding all this, Nazareth became celebrated as the home of the Savior, where His mission first began, and from whence He was called a Nazarene.

In religion and politics, in law and in medicine, men have their despised Nazareths—places where no good thing can emanate. Indeed, is it not natural to think our own beliefs a little superior to others? Perhaps there is no class of men more deeply grounded in such prejudices than medical men. Have you not often seen physicians enraptured with a new idea—a new remedy in the cure of a disease—a new invention or appliance in medicine or surgery, but when found that it had not originated within their own particular school, it was dropped? Many seem to make a special effort to avoid even the mention of such things. But few articles of eclectic origin, published in our journals, no matter how commendable they may be, ever cross the great gulf fixed between us and allopathy. If they manage to get over, they are usually deprived of the credit due them. As an illustration of how these things are done, we refer to

an article we wrote on "Medicine and Money," page 282 of last year's volume. Notwithstanding our journal goes to the editor of the *Peoria Medical Monthly* regularly, it had not impressed him as of any worth until he observed it in the *Lactopeptine Medical Annual*, that had failed to give us the credit. I must say that a few very commendable exceptions may be made, but, as a rule, our allopathic brethren have ignored us in these matters, while the eclectics have grown exceedingly jealous over this kind of stealing.

In the matter of surgical statistics our cases are usually ignored. Remarkable cases of laparotomies are left out. Splenectomies go unobserved, herniotomies are untouched, and ovariectomies are not mentioned.

In drugs, we see late enterprising allopaths who have discovered Podophylin, Leptandrin, Gelseminum, Yerba Santa, Cascara, Rhus Aromatica, and a hundred others, whose identical effects were made known by eclectics many years before. These, however, were not known in all Judea, because they grew in Galilee, and were manufactured in despised Nazareth.

Can any good come out of Nazareth? Our assent often goes beyond our evidence and we owe the excess to prejudice. We settle down in the great enjoyment of our opinions and become fond of those tenets that have no other evidence than respect and custom. We strive to maintain them without ever examining the ground on which they stand, though we cannot make them out either to ourselves or to others. All men deplore blindness, and yet thousands seem to enjoy their dimness of vision.

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### MYDRIATICS AND MYOTICS.

By mydriatics is meant a class of drugs which dilate the pupil; and myotics is a name applied to that class of drugs which contract the pupil. Mydriatics also paralyze the muscles of accommodation; and myotics stimulate the muscles of accommodation. Hence it may be seen that there exists a mutual antagonism between myotics and mydriatics. Among the mydriatics are atropine, homatropine, duboisine, hyoscyamine, daturine and cocaine.

Atropine passes through the cornea into the anterior chamber, producing dilatation of the pupil, and can produce slight mydriatic effect on the other eye. The motor-oculi nerve upon the sphincter muscle of the iris is paralyzed by this agent.

A solution of 1 part in 120 of water is commonly used, and this will widen the pupil in about fifteen minutes, reaching its maximum in about thirty minutes, but continues for three or four days; and does not disappear entirely for from ten to fourteen days. Any irritation in the eye diminishes the extent and duration of the action of this drug.

Homatropine is an artificial derivative from atropine. It is an oily liquid, of which the bromide is that commonly used. Its action is identical with that of atropine, except that its effects are quicker and more transient.

Duboisine, its sulphate or salicylate, is the most energetic of all the mydriatics. It is also the least irritating. It is quicker in its action than atropine, and in a 1 per cent. solution lasts about four days.

Hyoscyamine, and its derivative hyocine, may be compared in the promptness of its effects and its transitory action to duboisine.

Daturine acts much like atropine. Cocaine dilates the pupil, but is a little slower, and does not dilate so widely. It does not paralyze the sphincter muscle of the iris. Its effects pass off in from two to four hours, and the accommodation cannot be paralyzed.

To dilate for the ophthalmoscope, cocaine seems preferable, since it does not affect the ciliary muscle. Irritation of the eye may prevent its use; then homatropine is to be preferred. Atropine renders the eye inconvenient too long.

The most important use for mydriatics is to keep the pupil wide during inflammatory diseases to prevent adhesions of the iris. Here atropine is the remedy—a 1 per cent solution, and repeated every two or three hours. Cocaine and atropine combined act well together, acting more soothing. Some caution is necessary lest poisoning be produced by absorption of the drug. With some persons a severe conjunctivitis may be produced by the constant use of atropine.

Among the myotics will be found physostigmine and pilocarpine. The sulphate of physostigmine will contract the pupil to the size of a pin-hole in about half an hour, when used in  $\frac{1}{2}$  to 2 per cent. solution. This contraction is accompanied with some pain, and the pupil responds slowly to the action of light. Atropine overcomes the action of eserine or physostigmine.

Pilocarpine produces similar effects to the former, though not so

profound nor so long in its effects. Hence its action is not so painful. In cases of paralysis of the sphincter muscle of the iris, or the muscle of accommodation, the parts may be overcome by myotics. If the corresponding nerves, however, are affected, no myotic will be of service.

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### QUESTIONS AND ANSWERS.

1. *Prof. Younkin*:—I observe, in reading "Hamilton on Fractures and Dislocations," that he speaks of the bone being converted into a *lever* of the first or second or third kind. What is meant by these terms? G. A.

*Answer*.—A lever is said to be of the *first kind* when the fulcrum is between the power and the work—such as seen in balances, teeters, well-poles, etc. A lever is said to be of the *second kind* when the work is between the fulcrum and the power—as in a nut-cracker, lemon-squeezer, or the handle of a bellows. A lever is of the *third power* when the power is between the fulcrum and the work—as in the fire-tongs, clubs, ball-bats, sheep-shears, hammers, etc.

2. *Question*.—What would be a successful treatment in pruritis ani? J. H. S.

*Answer*.—Pruritis ani is a disease not uniformly arising from the same cause. In some cases it is a symptom of some disease within the rectum. Look for a fissure, fistula, piles, or an ulcer of the rectum. It may occur from carelessness upon the part of the patient. Enjoin thorough cleanliness. In corpulent persons it may be associated with erythema induced by chafing. There may be an eczema around the anal aperture and upon the perineum. For this use: R. Oil cade, ℥j.; mercury bichloride, gr. j. Mix. Enjoin thorough cleanliness, and apply the medicine at night.

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### BOOK AND PAMPHLET NOTICES.

MODERN METHODS OF ANTISEPTIC WOUND TREATMENT. — Published by Johnson & Johnson, New York.

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DESCRIPTIVE ACCOUNT OF BANDERA CITY AND BANDERA COUNTY, TEXAS, with a Scientific Estimate of the Climate from a Medical Point of View.—Written by Jno. Guthrie and Geo. H. Rice, M. D.

**TRANSACTIONS OF THE EIGHTEENTH AND NINETEENTH ANNUAL  
MEETINGS OF KANSAS STATE ECLECTIC MEDICAL ASSOCIATION.**

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**MORROW'S ATLAS OF VENEREAL AND SKIN DISEASES.**—Published by Wm. Wood & Co. In fifteen imperial folio parts; \$2.00 per part.

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**REPORT OF THE PROCEEDINGS OF THE ILLINOIS STATE BOARD OF HEALTH.** Being the Report of the Quarterly Meeting, Chicago, April 19–20, 1888.

This contains the quarterly report of the Secretary. The mean temperature for the quarter has been from five to eight degrees lower throughout the State than for any corresponding period during the last fifteen or twenty years. The most serious result of these cold changes was during March, when pneumonia and other pulmonary diseases became rife, and caused a marked death-rate. Scarlet fever is reported in many places. Small-pox, only two cases during the quarter. The annual death-rate of physicians throughout the State is reported to be 13.3 per 1,000. There were issued, during the quarter, 138 certificates to the practice of medicine—126 of these were to graduates from medical colleges in good standing; 11 to non-graduates, upon proof of the ten year clause, and 1 upon satisfactory examination. Twenty-six midwives—15 of these upon diplomas or license, and 11 upon examination.



**NOTES AND PERSONALS.**

**TO SUBSCRIBERS.**—We respectfully request everyone who is in arrears for this journal to pay up. Our policy is not arbitrary nor stringent, but we must have money. We shall pass through our subscription list before another issue, and those far behind may get left. If you cannot pay now, but intend to soon, a postal card to that effect may do us some good. We like to hear from all our friends and patrons, and this is a subject on which several could grow eloquent.

**MARRIED.**—Dr. J. L. Ingram, of St. Louis, was married March 8th to Miss Bettie C. Charavelle, of St. Louis. The Doctor is well-known as a member of the Anatomical Board of Missouri and as Demonstrator of Anatomy in the American Medical College. His marriage will not interfere with any of his anatomical duties.

**EASTER CAROLS.**—We have received a number of poems of Dr. T. Arthur Wright, of Americus, Kansas. His productions lift the mind higher than mere turkey and cranberry-sauce.

**HONORABLE MENTION.**—The advertising agency of J. H. Bates, 41 Park Row, N. Y., is now removed to 38 Park Row. Mr. Bates has been engaged in the advertising business as agent since 1863. From 1873 to 1878 Mr. Bates was in partnership with Mr. Locke, who was the Petroleum V. Nasby whose death occurred a few weeks since. Since 1878 Mr. Bates has continued the business alone, and during his 25 years' experience he has paid the press, at the lowest calculation, over \$15,000,000 for advertising. A few years ago this firm distributed \$60,000 among the newspapers at large for one firm, for an insertion of a single advertisement of the *New York Ledger*.

We take pleasure in stating our experience with Mr. J. H. Bates is, that he conducts his business with great promptness, regularity and honesty; that he acts without prejudice or partiality; that we have reasons for believing that he is in every respect perfectly reliable.

**NEWSPAPERS IN 1888.**—From the edition of Geo. P. Rowell & Co.'s "American Newspaper Directory," published April 2d (its twentieth year), it appears that the newspapers and periodicals of all kinds issued in the United States and Canada, now number 16,310, showing a gain of 890 during the last 12 months and 7,136 in 10 years.

The publishers of the directory assert that the impression that when the proprietor of a newspaper undertakes to state what has been his exact circulation he does not generally tell the truth is an erroneous one; and they conspicuously offer a reward of \$100 for every instance in their book this year where it can be shown that the detailed report received from a publisher was untrue.

**THE STANLEY-FARADIC BATTERY.**—This is an instrument unlike anything we have hitherto seen. For a pocket battery I think it surpasses all others. It produces the mild, interrupted galvanic current and the strong combined galvano-Faradic current. It is of easy manipulation—works without acids to corrode or soil clothing, and is unique in its mechanism. Price, \$10.00. With full set of electrodes, \$20.00.

**THE ENTERPRISE VAPOR MEDICATOR.**—We publish in the advertising columns this month, this Vapor Mediator. We have one of these instruments also in use and like it very much for the purpose indicated in the advertisement.

**DEATH OF W. J. GAMBLE.**—William J. Gamble, M. D., of Mosier-town, Pa., died Feb. 21, 1888. Dr. Gamble was a most thorough student, keeping pace with the best modern developments of medical science, and the information which comes from a long personal experience, close investigation and study. Not only an able physician, he possessed a kind, sympathetic heart, which entered into every case, and his love of humanity impelled him to do everything that human aid can do to relieve suffering and heal the sick. The love of gain never actuated him, and ambition never led him into doubtful experiments. He was the friend of the poor, and he always responded to their call as promptly as to the call of the well-to-do, and faithfully served them without thought of reward. Sympathy and duty alone impelled him. It is very certain that this sympathetic nature which caused him to enter into each case with so much personal feeling greatly shortened his days, and brought on the disease of a nervous character which broke him down and made him an invalid much of the time during the past six years of his life. Often has he referred to this fact to the writer; how he carried his patients' interests in his mind everywhere, unable to do otherwise, passing many a wakeful night thinking of critical cases and devising means of aid and cure. Dr. Gamble was a noble specimen of manhood

in every walk in life, as well as an able physician. His word was as good as his bond. Slow to speak, his words were well considered and his decision was final. No power on earth could swerve him from his idea of right and duty.

**ANATOMICAL.**—Dr. V. L. Brokaw, the Secretary of the St. Louis Anatomical Board, has sent letters to the Superintendents of all Charitable Institutions, informing them that the Board has supplied the medical colleges of the city with all the dissecting material they want, and that for the present the bodies of those who die at the institutions will have to be buried by the city instead of being assigned to the Board for distribution. The physicians who had the new anatomical law passed are congratulating themselves upon its effect. This is the first time that the medical colleges have been able to secure all the bodies needed by them for dissecting without having recourse to resurrecting.

**MENORRHAGIA AND LEUCORRHEA.**—Dr. Grigor, London, says: "A widow, 32 years of age, one child, suffered for years, and was frequently under medical treatment, getting little or no relief. When she came under my care, about three months ago, I found her very weak and anæmic, complained of pain in the left hypogastric region and sympathetic vomiting. She told me that at menstrual periods she flooded, and between the times, only 14 days, she suffered very much with the whites. I thoroughly examined her and diagnosed: Irritation of left ovary, menorrhæa, leucorrhæa, prolapsus with anteversion of uterus, inflamed meatus urinaris, the effect of this being anemia. Under treatment she improved in general health, but still the menorrhagia and leucorrhæa continued, though I had exhausted the remedies used in such cases. When the Alteris Cordial came under my notice, about six months ago, I put my patient under its treatment, with the result that the menorrhæa and leucorrhæa have ceased, and the slight prolapsus uteri gives no discomfort."

**BEAUTIFUL CHEMICAL PREPARATION.**—A snow-white mass of Caffeine, the active principle of coffee, (200 pounds and of great value,) is now on exhibition in the window of William R. Warner & Co., 1228 Market Street. This beautiful crystallization represents ten tons of coffee, and is used as an ingredient in the preparation of Bromo Soda, prescribed for the cure of headaches, migraine, nervousness, sea sickness, etc.—*Philadelphia Inquirer*.

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**RATIONAL THERAPEUTICS.**

BY GEO. COVERT, M. D.

Every physician owes it to himself and to his calling to have some reasonable conception of the nature of disease; to be familiar with the latest deductions of experimental physiology, pathology and pharmacology; and to have some real knowledge of what the exact action of his remedies will be.

And how much there is to learn of natural processes! What an inscrutable thing is the life force—which brings together out of simple elements the highly organized human body—appropriating material for its development, growth, support, secretion and liberation of force; laying tribute upon all the forces of nature, upon heat, chemical action, specific gravity, electricity and the like; securing continued existence through a ceaseless round of activity, and maintaining its integrity through an intricate adaptation of means to ends!

It is easy to discern that all goes “Merry as a wedding bell” in the human economy when the organizing vital force equals or more than counterbalances the destructive chemical force; when the supplies in every way meet the needs of nutrition, and the removal of waste material is in no way impeded or obstructed. But we are especially interested to know how it is when the processes of nature

cannot proceed to the desired consummation; what provision there is in the human organism for emergencies, for disturbances.

It is evident that nature has the ability not only to carry on ordinary processes, but, to a certain extent, to repair injuries and rid herself of damaging agencies. The grain of sand in the eye is washed out by a flow of tears, the sliver in the flesh is removed by suppuration, the broken bone is reunited by special act, the wound in the flesh is filled up with new granules of flesh. These superficial healings are patent to the eye.

Nor is nature helpless when the disturbances are of internal and systemic processes.

Take, for instance, an ordinary derangement.

A person, by "taking cold," checks the secretion from the skin, and the material which nature was trying to throw out is retained within the circulation, a burden of effete and injurious matter. Nature may set the kidneys and the intestines the extra task of eliminating this material.

It may be that the cold has thrown the blood from the surface in upon the internal parts and so embarrassed the internal excretory organs as to render them inadequate to the task imposed. So the morbid material remains, an incubus which the vital force must rouse itself in its energy to expel. This contest is attended by fever and inflammations of more or less severity.

Left to herself, nature secures relief by establishing secretions from the mucous membranes of head, throat or lungs—and there ensures "cold in the head," "cold on the lungs," catarrh of the throat, or, in a more severe disturbance, inflammation of the lungs, or "pneumonia."

In this last instance, the sudden determination of blood to the lungs embarrasses the operations of nature seriously, and to restore the normal condition requires time and a strong vital force. Providing that she is not further crippled by unsanitary conditions, she is able, ordinarily, to re-establish conditions of health in the course of two or three weeks. Otherwise she fails in her efforts, and, sooner or later, succumbs to overpowering influences. Now, if we hold that it is the province of the physician to assist nature in doing what she is attempting to do, what assistance can he render in this instance? What are the rational therapeutics?

Knowing that, through some exposure to cold, cutaneous secretions have been interrupted and the capillaries of the surface emptied of blood, he can assist nature by supplying external conditions favorable to activity of the skin. Further, if he has in his possession any agent which he knows to be a capillary stimulant and otherwise harmless, he may judiciously introduce it into the system, and so assist nature to more speedily restore capillary circulation.

Again, he sees nature working under high pressure; the lungs gorged with blood which the heart rapidly pumps into them, with much attendant heat, and the vital processes hurriedly and inefficiently performed.

As a rational therapist he may assist nature very materially by temporarily controlling her, curbing her excitement and moderating her intensity of action. Scientific medication warrants his interfering with nature to this extent. By means of such kindly and wise intervention, she is able to regain her equilibrium much sooner and with much more ease than if left to herself.

Thus, always, when the workings of nature are disturbed, does she struggle to preserve her integrity, and so forceful is *vis vitæ*, that under ordinary conditions, in nine cases out of ten, she will be able to repair the mischief done, and get the organism again in good running order, i. e., work a "cure." It is the business of rational therapeutics not to do this work, but simply to facilitate its doing.

Again, embarrassment to the life force may occur from the introduction of foreign material, which may be of absolutely no service in the human structure, simply an inert burden to be gotten rid of, and which may prove troublesome in the elimination. Such are various metallic substances which are taken up into the circulation, perhaps lodged in the cellular tissue, there to remain and cause general and local disturbance. They are incapable of assimilation, not susceptible to chemical influences, and endured from necessity. In mercurialization, for instance, the metal is, from its nature, minutely distributed, and gives rise to various rheumatic and disagreeable sensations from its susceptibility to atmospheric conditions. The rational therapist perceives that nature needs assistance in the removal of this disturbing element. Now, science has demonstrated that a powerful galvanic current will withdraw the metal from the system and cause it to be deposited upon the metal plate brought in

contact with the flesh. He, therefore, can in this way remove the cause and so cure the ills arising from mercurialization.

But foreign matter, introduced into the system, may be actively injurious, may break down and disorganize the nutritive material in the circulating medium itself, and so very seriously interfere with the constructive processes while over-burdening the eliminative functions.

All exanthematous and zymotic diseases are undoubtedly induced in this way. While the precise nature of the material thus introduced is not yet, in all instances, fully established—whether its destructive power is owing to its active putrefactive tendency or to rapid increase of minute germs of bacteria—it is abundantly evident that nature labors under an incursion of an active hostile agency.

It is observed, that in the invasions, known as typhoid fever, pyæmia, scarlet fever, etc., there is progressive virulence which reaches its utmost limit within definite periods. Nature then reasserts her vital power and recuperative processes are established; or else nature fails to repair the injuries received, and perishes from exhaustion.

That the vital force is in a state of intense activity is manifested in the rapid movement of the circulating medium and the high degree of heat thus evolved, and that the harm done is immense, is attested by the long period of weakness and convalescence following.

In no class of disturbances is there more scope for the researches of the pathologist, no grander opportunity offered the rational therapist to give real assistance to struggling nature. It is possible that the germ theory of disease may revolutionize pathology; putrefactive, fermentive and infective processes may yet be demonstrated as all of the same nature—all induced by the activity of minute living organisms. The omnipresent bacterium in water, air and earth, which attacks all dead organic matter and decomposes it, which has been found in wounds, helping on suppuration, gangrene and erysipelas, has yet to be identified in all its protean forms, and its character for good or evil established.

As far as man is concerned, many of these germs are now known to be innocuous. Others constitute formidable foes; some preying

upon the living membranes of the intestines; some feeding upon the cells of the body; some giving rise to poisonous ferments within the body.

It is not essential that the rational therapist should be able to identify the particular wriggling bacillus or pestiferous microbe which does the mischief, but he must know what that mischief is; how, for example, ptomaines in the system deprive the body of fluids, disintegrate tissue and poison the circulation through their own decomposition.

While it is the province of the sanitarian to discover the habitat of disease germs, and, if possible, prevent inoculation, it is the mission of the rational therapist, when they have secured a lodgment within the system, to come to the support of the vital force in the struggle for supremacy with an alien force, and, so far as may be in his power, either destroy or weaken the intruder or else strengthen nature to surpass him. When, from the location of the disease germ, it is accessible and amenable to local treatment, he may apply germicides directly, and so remove the disease by destroying the cause.

When he can not employ germicides effectually, he can modify febrile action, soothe excited nerve centres, assist eliminative processes, arrest septic tendencies, and materially mitigate the force of the attack; above all, he will study to sustain the vital force. So long as *vis vitæ* has life and strength, she can fight her own battles, overcome her foes, and maintain her supremacy.

I am proud to be allied with that progressive class of physicians who hold as a cardinal maxim: "*vires vitales sustinete.*" Because of their fidelity to this maxim, I believe is due their success in treating this large and continually widening class of recognized contagious, infectious and zymotic diseases.

The germ theory, however, broadly accepted, will not militate against this principle, but will simply teach the therapist how to prosecute each particular microbe the more effectually.

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CAMPHO-PHENIQUE. — This new preparation is placed upon the market. It strikes us that this is a good antiseptic. Here is combined two of our best antiseptics—Camphor and Carbolic Acid. See advertisement.



**A PECULIAR CASE OF STRANGULATED HERNIA.—OPERATION AND RECOVERY.**

BY W. H. CARTER, M. D.

I was called Nov. the 6th, 1887, in haste to see Mr. S.; found him suffering intensely from nausea and vomiting. Mr. S. is about 55 years old, stout, always enjoyed good health, especially for several years past, yet at times he told me he had some trouble with a lymphathic gland swelling in his left groin, especially, he said, after taking cold.

I then made an examination: found the supposed gland, which caused me to remember that he had spoken to me about a year before concerning the difficulty, but said it did not give him much trouble. I told him to let the matter rest a short time, and if it was a gland, it would probably suppurate; consequently I heard no more about it until I was called at the time referred to. I at once decided that I had a case of strangulated hernia with the loop of bowel fast by adhesions. I gave a hypodermic injection of Morphia and Atropia, and, when under its influence, I made an effort to reduce it by manipulations, but without success. I left him feeling quite comfortable for the time; returned next morning and found him again vomiting fecal matter and suffering greatly. I then informed the friends that I must have consultation, and that an operation would be the only means of relief. Agreeable to my judgment, Dr. E. was sent for. He arrived and confirmed my diagnosis, but would not agree to share with me the responsibility of an operation.

I continued to keep the patient under the influence of the anodyne, giving an injection morning and evening until the 9th of November, when Dr. C. was sent for. Dr. C. requested another physician to accompany him.

They examined the patient thoroughly. Dr. C. used his aspirating needle in the tumor, drawing off some of its contents, and, smelling it, he handed it to me. I told him it smelled like the matter vomited. He remarked that a gland in that region would smell similar to fecal matter.

After they had completed their examination, Dr. C. asked me what I thought was the matter? I frankly told him it was strangulated hernia, and that I had been convinced of that fact since the first visit. I made an examination and had told the friends so. He then said it was out of line with the inguinal canal. I told him I

was aware of that, but the muscles of the parts had crowded the loop to the left of the line and adhesions had taken place and fixed it there. The doctors would not agree with me, and left with the request that I watch the case closely and send for them when I saw fit.

I continued to use the anodyne as before until the 12th of November, when I saw there must be an operation or a funeral, and perhaps there would be both. Drs. C. and C. were again called; they wisely and thoughtfully called Dr. S. to accompany them. Dr. S. examined the case and confirmed my diagnosis. Drs. C. and C. reluctantly assented that such might be the case. We then hurriedly arrived at the understanding to operate for strangulated hernia—prepared a table, placed the patient under the complete influence of Chloroform and Ether.

Our agreement was to first reduce the hernia by manipulation, if possible, after getting the patient under the influence of the anæsthetic; if we failed on account of adhesions or any other cause, would make an incision down to the gut, dissect out or break the adhesions and dislodge the bowel, provided decomposition had not set up, otherwise form an artificial anus.

After failing to reduce the bowel, Dr. C. seized the knife and superseded the physician in charge, making an incision through the integument and fascia, assisted by Dr. S., while I was administering the anæsthetic; they broke down the adhesions, raised the loop; Dr. C. examined it closely, scrutinizing it on all sides, then boastingly remarked: "Gentlemen, it's a lymphatic gland, just as I thought, and I am going to cut it off." Picking up the scissors Dr. S. had the precaution to tie a string around the loop, close down to the internal ring, then Dr. C. cut the loop off. Says he, "My God! it's a gut!" So then the only hope was to have an artificial anus.

The loop was claimed to be in a state of decomposition by those who had assumed authority in the case. The ligature was removed, the two ends of intestine being firmly fixed by adhesion.

Feeling at this juncture that we must exercise our skill in making an artificial anus, I discontinued the use of the anæsthetic, replaced the patient in bed. The physicians now left the case in my hands through the night, and asked to let them hear from him every day. The patient ceased vomiting about 10 o'clock that night, and rested well the remainder of the night.

I used the injections as before, mornings and evenings. Fed the patient nothing but fluid food for the next ten days. Used antiseptic dressing of Oakum with pulverized Boracic acid on the wound, keeping a tent of the Oakum inserted in the wound to prevent it from healing. I watched the case closely, but never saw any fecal matter pass out of the artificial opening. The second day after the operation, I began to believe he was going to use his lower bowels, as he had slight passages from them. From the day following the operation, I found that Dr. C., however, was slipping out to see the patient in my absence. I was afraid he would spoil the new canal by probing, so I told the nurse not to allow any one to use a probe, for I anticipated a union of the intestines internal to the abdominal cavity, caused first by adhesions and breaking down of the walls forming an opening between the fragments of the intestines.

The very next day they came in my absence and used the probe, the nurse I had spoken to having gone to town, and left the patient in his brother's hands.

They did not succeed in opening up the artificial anus as they tried to do, but I was red-eyed when I went back and the patient told me what they were trying to do. I told him not to allow any one to probe that wound under any circumstances. I continued my visits twice a day for thirteen days after the operation, then once a day for a few days; after the fifth or sixth day the patient had a healthy evacuation from the lower bowel without the use of any means to induce it.

I removed the tent from the wound after I became satisfied the canal was united by adhesions and breaking down of the middle walls, the wound soon healed nicely, leaving small fissures. The patient made a good recovery. I see him every few days; is stout, hearty and as good a man as any of his age. I frankly admit the cure was not accomplished by the M. D.s, but by nature itself.

I was not permitted to see the loop of intestine, and have my doubts about its being in a state of decomposition; from the fact I am of the opinion the adhesions would have kept it alive, and think the patient would have been all right in a few days longer; but under the circumstances what else could we do? We had waited too long already for a majority of cases of that kind. As far as I know but few cases ever terminate as this one has.

## DISEASE EXPRESSION AND DRUG ACTION.

BY A. W. DAVIDSON, M. D.

In the May number of the *AMERICAN MEDICAL JOURNAL*, Prof. Howe asks: "How do we know that a certain group of morbid expressions point to the very remedy needed? Is the knowledge inherited or intuitive, or is it obtained by reading, observation and experimentation?"

No one, to my knowledge, has ever claimed that the knowledge was inherited or intuitive, or that it was not obtained by observation. Simply the fact that a truth has been discovered by observation is, in my judgment, no argument against the existence of that truth.

It was once universally believed that this earth was flat; but, by observation and experimentation, it was proven to be globular. It was once universally believed that air circulated through the arteries; but, by close investigation and observation, the immortal Harvey discovered that it was blood.

The idea that the New World could be reached by sailing directly west originated hypothetically in the mind of Christopher Columbus, and the experiment proved the truth of the hypothesis.

In my judgment, no truth has ever been discovered except by patient research, close observation, and experimentation. I don't take kindly to revelations.

Prof. Howe states that twenty years ago he prescribed Podophyllin daily, but for the last five years he has not prescribed it at all.

This certainly tends to show that he became disgusted with the effects following the indiscriminate use of the drug. Certainly, if it had given entire satisfaction always, he would not have abandoned it.

Doubtless Prof. Howe can recall many cases where its action was entirely satisfactory, and it seemed to be about all the remedy needed. If he can recall the cases, they were characterized by fullness of tissues; full, bluish tongue; full, pendulous abdomen; probably a diarrhoea; evidences of engorgement of mesenteric glands.

If this group of morbid expressions should prevail in a sterile woman, the  $\frac{1}{2}$  grain of Podophyllin, administered three times per day for a while, and other favorable influences brought to bear, she would soon have the evidence of a loss of her sterility.

I have just dismissed a case that tends to show that it is bad

practice to indiscriminately prescribe any drug. It was a case of roseola, and the rash appeared somewhat tardy about appearing on the surface. Having almost universally prescribed Belladonna for this condition, I, without much examination, prescribed Aconite and Belladonna. In the evening I was recalled; found the fever high; wild delirium; an erythematous flush on the face; child strongly threatened with convulsions. I immediately changed the prescription to Aconite or Rhus Tox. and Gelsemium. Bad symptoms subsided in a few hours, and the case made a rapid and an uninterrupted recovery.

Now, of course these cases rarely amount to much at most; but, in my opinion, if the Belladonna had been persevered in the result would have been anything but satisfactory.

When we observe a train of morbid expressions, we naturally conclude some cause has produced them, and he only acts with good judgment who proceeds directly to look for and, if possible, remove it. The primary cause is not always as easily discovered, as in nasal polypus or hæmorrhoids. A polypus would not grow on a healthy mucous membrane, and *some* cause has operated to obstruct the portal circulation, or hæmorrhoidal affections would not often exist. It is not necessary to look for the primary cause, as it is frequently out of our reach, has done its work, and its effects have become the cause, as in the case of the nasal polypus or hæmorrhoids. Prof. Howe recognizes these as the *existing* causes, and proceeds to ply his means to remove them.

Existence is a chain, and its links are causes and effects.

I do not suppose the idea is entertained by anyone that all is known that is knowable about specific medication, and consequently we are compelled to prescribe according to "general principles" sometimes. But the champions of the doctrine claim that in principle it is right; that certain expressions of the body indicate health and certain expressions of the body indicate disease; that by closely observing these expressions, and the influences of substances introduced into the body, we may learn what is best calculated to perpetuate or restore health; that it is the only means by which we can ever extricate ourselves from a condition of chaos in the treatment of disease; that it is the opposite of mysticism.

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**LITHÆMIA.**

BY E. R. WATERHOUSE, M. D.

The morbid condition termed lithæmia has not, neither does it now, receive the attention that it should from the medical profession; and I may say that not in one case in each hundred, as it comes before the physician, is this condition recognized, yet I believe it to be one of our most frequent chronic maladies.

The hideous monster, malaria—an indefinite quantity that has no existence in many instances except in the fertile brain of the medical adviser—a handy name to bring to aid as a cover for the blemishes and imperfections in a knowledge of conditions that go to form a correct diagnosis—a fashionable title, that seems to satisfy the people (but happily this fashion has changed in some locations, and is undergoing transformation in others)—this name is often erroneously applied to cases of lithæmia; true, we often find distinct periodicity in an aggravated case, not from malarial miasma, but from the uric acid in the blood that is deranging every function of the body.

It is held, by some authority, that uric acid never exists in the fluids of the body under its own form, but in the form of soluble salts of sodium and potassium; yet, in whatever form it may be found in the blood, its accumulation results from an abnormal action of the liver, and possibly also a defect in the renal epithelium.

It will be noticed that Dr. King, in his work on chronic diseases, says: "Uric acid is eliminated by the skin and lungs, as well as by the kidneys; and experiments tend to prove that urea and uric acid are not separated from the blood by the kidneys, but are produced in the kidneys; and when this substance is detected in the blood, it is because it has been absorbed from the urinary organs." This question, as to the direct source of uric acid formations, we leave to the reader's further consideration.

To say that lithæmia is gout, would be an error, as in gout there is, in most instances, a crystalization of urate of soda into the cartilages of the joints; yet, it could be said that every gouty subject has suffered from lithæmia; still, every lithæmic subject does not suffer from gout.

Urea is a highly soluble excrementitious substance when generated under a healthy condition of the liver, stomach and kidneys; but, under abnormal conditioned organs, this excrement is left par-

tially unconverted and changed into uric acid, which is nearly insoluble, and also toxic in its action if retained in the system. This refuse of the body comes from the disintegration of nitrogenized matter; and in many instances it is to be found in heavy eaters, coupled with a lack of physical activity; consequently, we meet this trouble among the most wealthy and well-to-do people, more than within the circles of poverty.

Within a short time, I have read very instructive articles from Dr. Fothergill, and also from Dr. Doweling, upon this subject, they holding that the many neurotic dyspeptics are mostly representatives of this class of disease.

Murchison gives a train of symptoms as characteristic of this disease: "Bitter or coppery taste in the mouth in the morning; neuralgic pains; feeling of oppression and heaviness; creeping sensations; aching pains in the legs; lassitude, coming on after meals, often with irresistible drowsiness; cramps in the limbs and other parts of the body; dull, heavy headache, seated in the forehead, or, rarely, in the occiput; giddiness or swimming in the head, particularly when the patient stoops or lays his head upon the pillow; convulsions, simulating epilepsy, are often due to this cause; noises in the ears; sleeplessness; dreams that are horrible; depression of spirits; patient looks upon the dark side of everything; palpitation of the heart, often with irregular action; abdominal throbbings, with exaggerated pulsations in the large arteries; chronic catarrhal condition of the fauces; enlarged tonsils; chronic bronchitis, and spasmodic asthma; pain in the lumbar region; distension and tightness in the epigastrium after meals; dull, aching pains in the right hypochondrium, and sometimes shooting pains in the same region; sense of weight and fullness below the ribs, often increased by lying upon the left side; the hepatic region may even be sensitive to pressure; pain in the right shoulder, sometimes in the left; often the conjunctivæ have a slight yellow tint, and skin may even show a tinge of this same color.

"The urine may be clear, large in quantity and of low specific gravity. The bowels may be constipated, or be regular with but small evacuations. One of the most frequent symptoms of a chronic lithæmia is a disposition to urinate during the night.

"It is found, on questioning, that nearly all patients suffering from

this disease are obliged to rise during the night once, or more times, to urinate, not because the accumulation is large, but owing to the hyperæsthesia of the sensory nerves of the bladder, and to the irritating quality of the urine and its effect either upon the walls of the bladder or the nerves of the kidneys."

Who of us have not seen such cases? And who of us have not been puzzled to fathom the disordered condition? We are apt to pass it by with a simple diagnosis of "nervousness," malarial cachexia, or almost anything else, to satisfy the patient and friends. But the question is, can we cure these patients? I answer, some we can, and some we cannot.

With those who will assist us by a scrupulous adherence to our directions regarding diet and right living we can promise good results; but where they are not willing to leave the old rut, medicine alone will do but little.

They should be instructed to avoid spirituous and malt liquors, and articles of diet that are rich in nitrogen, and foods that over-tax the liver in the process of getting rid of the residue—as we would select coal that would burn freely and leave no clinkers to clog the grate. In these cases hot water, taken in large draughts, will be found of benefit, in washing away the accumulations; also, drugs that will raise the tone of the liver are to be used, such as Nux, Leptandrin, Podophylin, Euonymus, Irisin; and, in some instances, Nitro-muriatic Acid is a good remedy. Iron is not well tolerated. Alkalies are often important agents, but should be used only to render the urine neutral; as, should it become alkaline, it will cause a deposit of phosphates, which will tend to the formation of renal or vesical calculi, and although the uric acid disappears under the alkaline treatment, it does not always cure the disease.

Directions should be given requiring frequent bathing, followed by brisk friction with a harsh towel, to stimulate the skin to do better work.

Benzoate of Lithium is an admirable remedy to act as a solvent of uric acid, being better suited to these cases than the carbonates, on account of its being more soluble in the fluids of the body, and also from the favorable action of the Benzoic Acid which it contains.

For a laxative, Phosphate of Soda in hot water is a good thing, but active mercurials should not be tolerated, as it invariably aggravates the trouble.



We often meet with cases of this class, where the patient, say a prosperous merchant, regular in all his habits, always in a hurry; rides to and from his place of business; rapid eater; loves a juicy porterhouse or roast—is not well. His case has been diagnosed overwork, nervous prostration, nervous dyspepsia, or malaria; he imagines, from the many advertisements that catch his eye, that morbus Brightii is close after him. In this case the patient has taken too little physical exercise; the liver, that great chemical laboratory, cannot handle the refuse—the ashes and clinkers, as it were, have clogged the grate—the fire burns low and he can't make steam—he is a victim of lithæmia, and the treatment suggests itself at once.

Some time ago I entirely cured an obstinate case of asthma, of over twenty years' standing—a case that had baffled the skill of more than a dozen good physicians—when this lithic acid condition was relieved, so also was the asthma.

There are innumerable organic changes resulting from this that are not amenable to medicines, but as this is now entirely too long they will not be mentioned. Yet I trust enough has been said to furnish food for thought with many young practitioners who are not familiar with the subject.

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### SYPHILITIC IRITIS.

BY J. E. MITCHELL, M. D.

We have a number of varieties of iritis, of which syphilitic I find to be the most frequently met with by the general practitioner. This is an inflammation of the iris, which manifests itself soon after the hard chancre makes its appearance. I have successfully treated two cases during the month of March, 1888. The symptoms of syphilitic iritis are very clear and distinct. The patient at first complains of dimness of sight and fatigue in using the eyes. The eye-ball becomes sore on pressure or motion, and injection of the circum-corneal vessels; the pains are severe, relieved on pressure; pains always worse at night after going to bed. The pupil is contracted and over-spread by a thin, bluish film, while there is great tendency to the formation of adhesions (posterior synechia). If you are in doubt whether you have a case of conjunctivitis or an iritis, you can settle the question beyond a doubt by dropping into the eye a few drops

of a four per cent. solution of Atropia. If the pupil dilates circularly, the trouble is not iritis; but if the pupil does not dilate circularly, then the trouble is iritis with posterior synechia.

In the treatment of syphilitic iritis, you must keep the patient in a dark room, to prevent the light from aggravating the eyes. To subdue the pain, keep a pad of cotton on the side of the head to keep the cold away. You may also apply heat (dry) to the side of the head; use the Atropia by instilling three or four drops into the eyes, and in fifteen minutes repeat, and keep this up for two hours, until the pupil is thoroughly dilated; then use three or four times per day for eight or ten days after the disease has abated. As to the internal treatment, there are several remedies that are of much value, of which Merc. Solub.,\* I place at the head of the list. The indications for Merc. Solub. are as follows:

Contracted pupil, pains of a tearing, boring, burning nature, around the eyes, in the forehead and temples, worse at night and in damp weather, great sensitiveness to heat or cold—when these symptoms are present, Merc. Solub. is the remedy. Belladonna, Gelseminum, Arum, Kali Iod., Arnica, and Bryonia will be found very valuable when indicated.

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### POSTAL BRIEFS.

VALUE OF A DIAGNOSIS.—*Prof. E. Younkin, M. D.*: It is quite common for parents to call at my office to get advice or a perscription for their children, making, of course, their own diagnosis of the case, as "Baby is troubled with colic," "The children all have severe colds," "I want something for the chills," etc. Recently a father called for something for his little boy, aged 4 years, a picture of perfect health, who, he said, had been "wetting the bed" for a month or more. I gave him Rhus Aromat. and Belladonna. In a week he returned, saying that the child had not wet the bed since he got the medicine, but that he would sometimes have a convulsion without any warning or apparent cause. He would fall from his chair at the table, or drop senseless while playing. The fit would pass away in a few minutes and the boy appear as well as ever. I gave him a combination of the Bromides with Hyocyamus, requesting

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\* Merc. solub. I use the homœopathic third decimal trituration.

him to report at the end of a week. In due time he called, saying that the child would be free from the convulsions while taking the medicine, but that they reappeared as soon as it was discontinued; also that the boy was beginning to masturbate. Of course, I suspected some cerebral or spinal trouble, and asked him to bring the child to my office, so that I could examine him. The next day he came. At first I could find nothing wrong with the little patient. The pulse, temperature, spinal reflexes were all right. Observing that the prepuce was unusually long, I was led to examine it, and found that it was adherent to the glans over about one-half of its superior aspect. This solved the mystery. I at once proceeded to anæsthetize it with Cocaine and broke down the adhesions. The father assures me that all the former bad symptoms have disappeared. According to the "*Post hoc, ergo propter hoc*" theory, I feel justified in concluding that the enuresis, convulsions, disposition to masturbate and other troubles were the direct result of some nervous irritation, caused or made possible by the adhesions. Query: Are female children subject to similar conditions? In such cases would the clitoris be the seat of the cause? Respectfully,

F. A. REW, M. D.,

UNIFORM DRESS FOR PHYSICIANS.—Some of our exchanges are advocating uniformity in physicians' dress. The propriety of such a procedure can scarcely be doubted, and many good reasons could be given why the doctor should be known by the clothes he wears. But to inaugurate such a movement now, would be to turn a mountain upside down or to reverse the current of our rivers.

"Canst thou draw out leviathan with a hook?" Job thought it impossible, even with the cord around his tongue, or the hook slipped into his nose, or a thorn run into his jaw.

Before there is uniformity in dress we must have greater unanimity within. We are not so much for the outward adorning as we are for the hidden man of head and heart. When we can arrive at the unanimity of spirit, action and sentiment, then we can talk about the kind of buttons we should have, the kind of coat we should wear, and the kind of hat that should adorn our heads. A doctor is known, in cities especially, from the kind of buggy in which he rides. In the country, by his boots well blacked, his beard well

trimmed, and the hay-seed out of his hair. In all cases he should be marked with intelligence, sobriety, morality, charity, and cleanliness of his person. Things right that come from custom will do; but there is too much silent independence about us to covenant for a broad-brimmed hat or a pigeon-tailed coat.

W. S. CLIFFORD, M. D.

**THE MILK OF NURSING WOMEN.**—There is a great deal of ignorance on the subject of proper diet of nursing women. A mother's milk is easily influenced by foods and drinks, as well as by the peculiar state of the mother's mind. If the milk from slop-fed cows is condemned in cities on account of its defects in nutritive elements; why has the impression gone forth that mothers must drink beer to enrich their milk for their children? Milk containing much fat may have an injurious effect upon the infant. An excess of fat may be brought about by a highly nitrogenous diet. Alcoholic beverages act in a similar manner, and the proportion of milk-sugar is also lowered by a regimen of this kind. A judicious diet is essential to a healthy milk supply, and this proposition holds good with the human as well as animals. A mother in a fret must expect her milk to place her infant under the same condition. If she is in grief her milk will be impoverished. If she is mad and quarreling the infant will suffer from colic, indigestion and diarrhoea.

E. J. S.

**PHARYNGO-LARYNGITIS AND DIPHTHERIA.**—Six weeks ago I was confined to my house with pharyngo-laryngitis—bronchial irritation and much coughing, which was painful and excessive, especially through the night and for about one hour in the morning. The inflammatory action had already involved the apex of the left lung.

In vain I used poultices and different local applications, taking *Grindelia-robusta*, *Eucalyptus*, *Yerba-santa*, *Carb-ammonia*, *Scillæ*, etc. On my shelf stood a bottle of *Glyco-phenique*. I diluted two drachms of it in four ounces of water and took a small teaspoonful every two hours, using it also as a gargle. On the third day after its use, the cough lessened and the pain in the lungs gradually disappeared; the expectoration ceased the fifth day. After the eighth day I could turn on my side with only slight pain, and on the fourteenth day my appetite was good, and I gradually regained my former strength.

Mr. B., aged 33 years, had chronic pharyngitis; I treated him with the above remedy, both locally and internally, and a cure was effected in a short time.

A boy of seven and a half years had diphtheria—a bad case. I used the Glyco-phenique as a gargle and gave it internally with Flax seed tea. My patient made a good recovery.

F. VON FRANKENSTEIN.

A BLEEDING UMBILICUS.—*Prof. Younkin*: I have rather a difficult case and want your advice. A little girl, 18 months old. The cord was tied and it dropped off the second day with a slight hemorrhage which has continued at intervals ever since. The hemorrhage occasionally is profuse, and gradually ceases, then again it is only slight, but may continue for a week or ten days. It has been treated by various doctors without success. Was brought to me a short time ago and my treatment was with a like result. I have used all the astringents, Tannin, Monsel's styptic, etc. Have also cauterized, but it continues to bleed as before. Please give me some light on the subject. Yours, etc.

J. W. HEMPSTID, M. D.

ANSWER.—Take absorbent cotton and charcoal and tie it on. Calcined deer's-horn is suggested. A new piece of sole-leather, moistened and held to the umbilicus, may be tried.

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RAPID AND SIMPLE METHOD OF REDUCING DOWNWARD DISLOCATION OF THE SHOULDER.—Dr. P. F. Abril fixes the humerus and makes the glenoid cavity descend on to the head of the humerus. He claims for his method that it is most simple, easily, and quickly done, that Chloroform is not necessary to obtain muscular relaxation, that the pain is trifling, and that no assistants are required. He makes the patient stand with a crutch in his axilla; he then holds the hand of the affected side, making slight traction downwards; the patient is now to let himself down as if he were going to fall on his knees, and as he fall the head of the humerus glides into its normal position, and the patient is surprised at finding himself cured.—*N. Y. Med. Abstract.*

*REPORTS OF SOCIETIES.*

A MEETING OF THE ECLECTIC MEDICAL SOCIETY OF SOUTHWEST MISSOURI met at Carthage, May 10th. The following M. D.s were in attendance: Drs. W. H. Price, R. L. Galbreath, Geo. D. Coe, B. F. Lazenby, J. P. Ralston, J. H. Woodard, J. C. McGovern, S. W. Moreland.

The morning session was taken up in perfecting the organization, which was begun in March last. The following are the officers elected: R. J. Galbreath, M. D., President; B. F. Lazenby, M. D., Vice-President; Geo. L. Coe, M. D., Treasurer; S. W. Moreland, M. D., Secretary. Drs. Price, Woodard and McGovern were appointed a committee to draw up constitution and by-laws, and report the same at the next meeting of the Society.

THE TENNESSEE STATE ECLECTIC MEDICAL ASSOCIATION.—The Eleventh Session of this society was held in Nashville, April 10th and 11th. The meeting was well attended, and many papers of interest were read. The officers for the ensuing year are: President, Dr. W. H. Halbert, of Lebanon; First Vice-President, Dr. W. A. Montgomery, of Newbern; Second Vice-President, Dr. J. R. Sims, of Crockett Mills; Recording Secretary, Dr. F. H. Fisk, of Nashville; Corresponding Secretary, Dr. W. J. Heacker, of Beans Station; Treasurer, Dr. Geo. M. Hite, of Nashville.

Chattanooga was selected for the place of the next meeting.

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION will meet at Detroit, Mich., June 20th, 21st and 22nd. All necessary arrangements have been made for an enjoyable and profitable time. The headquarters of the Association will be at the Wayne Hotel, where the members and delegates will receive comfort and entertainment at from \$2.00 to \$2.50 per day. E. S. Cleveland, M. D., Detroit, Mich., is the Chairman of the Committee of Arrangements, and V. A. Baker, M. D., Adrian, Mich., is Chairman of the Committee on Transportation. Members and delegates who go to the convention should purchase their tickets and take a receipt from the ticket agent to secure reduced rates. A general turn-out is expected, and now is the time to fall into line. Let us all resolve to go, and make good the resolution by being present at the opening, which takes place June 20th, at 10 o'clock A. M.

## SELECTIONS.

## THE PRIMARY AND SECONDARY ACTION OF DRUGS.

BY BOARDMAN REED, M. D.

From the clinical standpoint, if not as a matter of pure scientific interest, it is highly important to know all that is possible about the action of medicines. We need to know the relation which the dose bears to such action, the probability of cumulative action, and any possible incidental or untoward effects, as well as the conditions under which these are likely to arise, and the best means of avoiding them in treating the sick. Indeed, therapeutics confessedly has scarcely yet attained to the rank of a science, and even as an art it is still in an unsatisfactory state. Nor is this at all attributable to any lack of patient, laborious and conscientious research. Perhaps in no other field has more work been done. An immense mass of material has been accumulated; we have innumerable carefully-conducted experiments upon animals with nearly every known drug, detailed reports of a large number of cases of poisoning with many of the more active drugs, and clinical experience with them by the entire medical profession during the past twenty centuries. Yet contradictory views are still held with regard to the real action of the most familiar medicines. There may still be found experienced and excellent physicians who deny that *Digitalis* can exert a tonic action upon the heart, even in small or moderate doses, and others who have no conception of the fact that *Quinine* can, in any dose, act as a depressant. Every new drug comes to us with a variety of conflicting testimony as to its powers. If the clinical experiments with it seem to sanction its use as a stimulant to any organ or nerve-centre, the reports from the laboratory for experiments on animals are almost certain to show that it is liable to depress or even to paralyze the same. Now, it seems to the writer not impossible to make at least a little more progress toward bringing order out of this chaos. The well-established facts concerning the action of every known drug need be more accurately and scientifically classified. These settled phenomena of drug action, when so classified, lead up naturally and logically to certain general conclusions.

Prof. Alfred Stillé, in the last edition of his *Therapeutics and*

*Materia Medica* (Philadelphia, 1874), made the following generalization: "There is also a primary and a secondary operation of medicines. Sometimes the one and sometimes the other is curative. All medicinal stimulants are useful by their primary operation alone, and indeed the depression which ensues tends to impair the advantages of the original impression." In the same connection, he was careful to add that "primary sedatives seldom exert a secondary stimulant operation; indeed, cold is the only one that has this effect, and only when it is applied in a certain degree."

This important generalization having recently come under my eye, while specially engaged in investigating the subject of drug action, seemed to challenge attention. A careful study of the sedative medicines, since made, has revealed the fact that many of them certainly—all, indeed, that I have been able to study with any thoroughness—have, even in moderate and sometimes in full doses, a more or less marked primary stimulant action; and when they are administered in quite small doses for a short time only, this stimulant action does not appear to be followed by depression or sedation. It may be, therefore, that Professor Stillé's generalization did not go far enough, and that *there are no primary sedatives*. Many recent investigations point in this direction.

Professor Hugo Schultz and Dr. Erich Peiper, in the course of an elaborate paper contributed to the *Archiv für experimentelle Pathologie und Pharmakologie* (October, 1885), entitled "*Zur Wirkung des Coniinum Hydrobromatum*," and based on a series of experiments conducted by them in the Pharmacological Institute of the University of Greifswald, thus supplemented the general principle laid down by Stillé: "In the case of all nerve-paralyzing substances, we have, as a preliminary to their [proper] action, at first a kind of excitation, which precedes the paralysis, and more or less rapidly passes into it. We need only recall the well-known fact that morphine, before it exerts its soporific power on the brain, in most cases causes a peculiar mental excitation."

Schultz and Peiper further emphasize their meaning by referring to the primary stimulant action found by them to be produced by the hydrobromate of Conine on the very parts afterwards paralyzed by it. They injected subcutaneously into numerous rabbits and other animals first a solution of Brucine, and a few minutes later a solution of Conine hydrobromate, and found that the latter had



practically the same antidotal power as Curare, in preventing or moderating the convulsions induced by the former. But, curiously enough, they noted that at first, while the primary stimulation lasted, they had to deal with increased excitation, due to both drugs, the Conine stimulating the motor nerves peripherally, and the Brucine the motor centres. After a short time the Conine exerted its usual paralyzing effect upon the nerves previously stimulated by it, and the convulsions were thus controlled.

Stillé's induction from his extensive observations, that stimulants especially have both a primary and a secondary action, is virtually admitted by most of the persons recognized as authorities on the subject. For instance, however it may be with the majority of physicians, there are probably no competent pharmacologists who would at present deny that *Quinine*, which is a powerful stimulant tonic in small or moderate doses, not too long continued, is markedly depressing in doses of one or more drachms; or, that such medium doses as fifteen to twenty grains, after first stimulating, may secondarily exert a sedative effect. The same is confessedly true of *Alcohol*. Every practitioner, and even the laity, is perfectly familiar with this double action of alcoholic stimulants.

*Electricity*, while not a drug, is generally considered a notable example of the direct and powerful stimulants, and finds constant employment as an excitant of paralyzed nerves and muscles; yet, in 1881, Dr. T. W. Poole, of Toronto, Canada, contributed to the *New York Medical Record* an elaborate paper, in which he proved very conclusively that electricity is a paralyzing agent. Of course, he merely demonstrated the effects of overdoses, or of a too long continuance of moderate doses, and might just as easily have shown that every other stimulant or tonic that is used by physicians can be so misused as to produce harmful depression, if not actual paralysis.

Next to alcohol, the most frequently used stimulant is *Ammonia*. Both the carbonate and dilute solutions of the Liquor Ammoniaë are in constant use, especially as cardiac stimulants. Yet their ultimate effect is depressing. The action of these is so fugacious, that it is difficult, except by intra-venous or subcutaneous injection, to administer a sufficient quantity of them at one dose to produce toxic systemic effects; yet, when thus injected, they act as virulent poisons. Dr. Lauder Brunton, in his *Text-Book of Pharmacology, etc.*

(London, 1887, page 27), classes Ammonia and Potash together, as drugs which "paralyze the heart and cause convulsions." Harnack, in his *Lehrbuch der Arzneimittellehre, etc.* (Hamburg and Leipzig, 1883), notes that Ammonia, injected subcutaneously or into the veins, produces poisonous effects, of which convulsions and stoppage of the heart in diastole are the most important. Nothnagel and Rossbach bear similar testimony. The prolonged use of Ammonia, in even medicinal doses, is followed, according to Prof Roberts Bartholow, by "pallor, emaciation and feebleness."

*Camphor*, in ordinary doses, is a valuable stimulant, which, in America at least, is probably not used as much as it deserves to be in conditions of cardiac depression. Yet, pushed too far, it can powerfully depress. Dr. Brunton says of it (*Pharmacology, etc.*, p. 1019): "It stimulates the circulation, but may slow the pulse; and stimulates the nerve-centre, causing exhilaration; but finally paralyzes them, causing lassitude. It produces, in large doses, a form of delirium and sometimes death, occasionally preceded by epileptiform convulsions and maniacal excitement. In small doses it is said to be aphrodisiac, and in large doses anaphrodisiac." Professor Horatio C. Wood, in his *Therapeutics, Materia Medica, etc.*, holds that "five to ten grains of Camphor usually exhilarate, while twenty to thirty grains produce a lowered pulse, giddiness and lassitude, preceded by a short period of exhilarative excitement;" and thirty to sixty grains, according to Wood, are followed by such poisonous effects as convulsions, insensibility, a pulse generally small and apparent general paralysis. Dr. Phillips, in his *Materia Medica and Therapeutics*, claims Camphor as a stimulant to the circulation in doses up to ten grains; and, as to the nervous system, says: "Small doses stimulate, large ones narcotize the system, causing disorder of mind and will, depression, collapse and temporary paralysis, with pallor of face and dilatation of pupils, spasm or convulsion, and delirium." He thus tersely sums up the effects of Camphor: "On the whole, it is probable that this drug possesses the apparently conflicting attributes of acting as a sedative and stimulant, the predominance of either effect depending upon dose and occasion."

There are numerous other drugs usually classed and often employed as stimulants, but it is unnecessary to consider them in de-

tail. Suffice it to say, that all of them, so far as my studies have extended, are admitted by authors to have secondary depressing effects. In most cases, the ultimate result is paralysis of the very tissues primarily stimulated by them.

*Strychnine*, in its action on man and most of the higher animals, is an apparent exception to the rule that stimulants ultimately depress, for the reason that death is produced rapidly, at an early stage of the poisoning, by a powerful spasmodic contraction of the muscles of respiration. When life is preserved by artificial respiration, and, exceptionally, when even without this precaution the convulsions do not prove immediately fatal, paralysis results directly from the toxic action of *Strychnine*. As mentioned by Professor Horatio C. Wood, several observers have noted that enormous doses of the drug may kill frogs, by general paralysis, without producing convulsions at all, and death then manifestly must result from the directly paralyzing action of the poison.

This is a large subject, full of speculative interest, as well as fraught with practical importance for the clinician. A thorough consideration of the so-called stimulants and tonics alone, including even the briefest summary of the experiments with them on man and the various orders of animals in different doses by eminent observers, together with their conclusions, would occupy a volume.

If any physician thinks he knows of an exceptional stimulant or tonic which does not depress, even in the largest dose, or which can be administered to a healthy person or animal *in full doses* for months continuously without exerting ultimately a depressing effect upon some organ or tissue of the body, let him test it on himself, or on rabbits and dogs, and then note carefully the results; or, if he do not care to make a martyr of himself or friends in the interests of science, and he not so situated as to be able to make experiments on animals (which would probably be unnecessary, since most articles of the *Materia Medica* have already been more or less fully investigated), let him carefully look up the literature of the drug, in the works and journal articles of such original investigators as Orfila, Christison, Husemann, Taylor, Harley, Frazer, Harnack, Nothnagel and Rossbach, Meuriot, Bezold and Bloebaum, Brunton, Ringer, Phillips, Wood, Bartholow, Ott, Hare, Spitzka, and others. Such a study of the supposed exceptional stimulant will be sure to demon-

strate that, given in sufficient amount, it will depress as powerfully as, in the suitable dose, it stimulates. But if, on the contrary, a stimulant be found which does not appear capable of exerting a depressing effect in any dose, I should consider it a particular favor if the discoverer would inform me of it.

It is not my purpose, at this stage of the investigation, to attempt any explanation of the fact that all stimulants tend secondarily to depress and even paralyze. Whether this secondary action be the direct result of a very large dose, or of its equivalent, oft-repeated small doses, or whether it be rather an indirect result of the excessive functional activity of the part primarily stimulated, exhausting its tonicity and leading to ultimate paralysis, is a point which perhaps may not now be satisfactorily determined. Pharmacologists, when they have attempted any explanation of the phenomena, have usually accounted for the depressing effect of large doses of stimulants, as well as the similar ultimate effect of repeated small doses of the same, as the result of over-stimulation—*i. e.*, over-functional activity.

Obviously, however, it is first of all important to establish beyond question exactly what drugs can do in their different doses. Afterward it may be worth while to busy ourselves with the yet more difficult problem of explaining why they do it.

Authors on *Materia Medica* generally admit, in discussing each of the so-called stimulants, that, pushed to the fullest extent, it will paralyze, though comparatively few of them have ventured to generalize the now perfectly demonstrable fact, that all stimulants are capable of ultimately paralyzing.

With regard to the sedatives such a double action is only exceptionally admitted. When, in investigating a so-called sedative drug, symptoms are encountered indicating primary stimulation, they are usually referred to as though they were altogether extraordinary and anomalous. So far as I am aware, Schultz and Peiper are the only prominent observers who have distinctly claimed primary stimulation for all the sedative or paralyzing agents. Their generalization will doubtless be disputed. Let us see, therefore, what facts can be adduced in support of it.

*Conium*.—We will begin with Hemlock, the most ancient and one of the most powerful of paralyzers. Schultz and Peiper, as above intimated, demonstrated by an elaborate series of experiments that

the hydrobromate of Conine first stimulates, and later paralyzes the peripheral ends of the motor nerves. Dr. Harley, in *The Old Vegetable Neurotics* (London, 1869), has an exhaustive article on Conium. In his experiments on healthy men and animals he does not seem to have used any smaller doses than three drachms of the *Succus Conii* of the British Pharmacopæia. His results, therefore, for the most part picture the familiar depressing and paralyzing effects of the drug. However, with his usual perspicacity, he discovered that Conium is not a mere paralyzer. He says (p. 12): "At first sight, we should be apt to regard Conium as a depressor of the muscular vigor, but this, I am convinced from repeated observations, would be a very erroneous view of its action; and I am prepared to say that in repressing and removing irritative excitement of the motor centres, Conium is a *tonic* to these parts of the nervous system in cases which require its use." Prof. Stillé, in his *Therapeutics*, referring to the use of Conium in small doses, says (first ed., p. 368): "The continued use of the medicine seems to exert a tonic operation. The appetite grows stronger. The bowels, after having been constipated, become regular; the skin assumes a more wholesome aspect; and the patient gains flesh and strength." This is certainly sufficiently pointed testimony to the fact that Hemlock, the drug with which Socrates was poisoned, acts as a restorative tonic in small doses. Stillé goes on to show that after somewhat larger doses, "the pulse becomes somewhat slower and fuller; there is papular or erythematous eruption, with itching of the skin, injection of the eyes, dryness of the throat, acute pains and slight spasms, a sense of fullness in the head, and loss of power in the extremities, some cloudiness of the sight and sometimes copious diaphoresis." In other words, as the dose is increased the secondary or paralytic symptoms gradually develop. Damourette and Pelvet, according to Hilger and Husemann (*Die Pflanzenstoffe*), distinguished "in the local effect (of Conine) a neuro-muscular action, showing itself first in excitation (pain and spasm), then in depression (lowering of sensation and paresis), and an anatomical action which shows itself in different ways, especially on the epithelial cells, but also on the nerves and muscles, though not on the connective tissue." Schultz and Peiper, then, bear witness that Conium hydrobromate first stimulates and later paralyzes the motor nerves; Har-

ley and Stillé agree in testifying that Conium, in suitable doses, may exert a tonic action; while Damourette and Pelvet have demonstrated that locally it causes a stage of excitation before the paresis develops. Any quantity of confirmatory testimony could be added, from other observers, but it seems quite unnecessary.

*Curare* acts very similar to Conium. Indeed, Schultz and Peiper insist that, being cheaper, it may well take the place of the latter in experiments where a manageable paralyzing agent is necessary. *Curare* has scarcely been used, except as an arrow-poison by Indians, and, in almost equally toxic doses, as a paralyzer for the purposes of physiological experimentation on animals. Therefore comparatively little is known of its small-dose effects. Phillips (*Therapeutics, etc.*, p. 475), referring to the results of experiments with the usual toxic doses, notes that slight convulsive action sometimes precedes the paralysis produced by it, and adds: "M. Couty has recently reported, from small doses of some native preparations, more marked excitation—jumping hyperæsthesia, choreic movements and spasms, distinguishable from those of Strychnine and of asphyxia—and concludes that *Curare* is not destitute of convulsant action." Phillips states further (p. 476) that "certain parts of the encephalon, or of the nervous system, are stimulated for a brief period—the pupils are moderately dilated, the secretions somewhat increased, and reflex power persists."

Again (p. 478), Phillips cites the observations of Voisin and Liouville, which showed that *Curare* "generally raised the temperature three or four degrees" (primary effect), but adds: "According to Vulpian's observations on animals, the rise is temporary and superficial, and the internal temperature is soon markedly lowered, probably, as he suggests, from rapid loss of caloric by the surface." But why should there be a "rapid loss of caloric by the surface," if the muscular system were primarily paralyzed? It is in accordance with analogy that increased muscular activity raises the temperature, while paresis or paralysis of the muscles leads to a lowering of the temperature. There can be no doubt, therefore, that moderate doses of *Curare*—probably also even large ones at first—produce a stimulation of the muscles.

Harnack evidently has a suspicion of this, for, in his *Arzneimittellehre* (p. 618), he says: "Of a peculiar kind is also the behavior

of the body-temperature in Curare poisoning. That the temperature is finally lowered, principally as a result of the suspended activity of the muscles, appears from the observations of Roehrig and Zuntz, Riegel, Falck, Claus, and others. Previously, however, there had been observed, not seldom, an increase of the temperature. Indeed, Pryer, as well as Voisin and Liouville, saw, after small doses of Curare, a peculiar feverish state develop, with headache, tinnitus aurium, etc. Those phenomena are not yet satisfactorily explained. A peculiar fact is that observed lately by Zuntz, that after the full influence of Curare has been obtained, fever-producing agents no longer cause the usual feverish tissue-change. Zuntz believes himself warranted in concluding that the cause of the feverish increase of oxidation is to be found in an increased innervation of the muscles."

Bartholow, referring to the cardiac action of the arrow-poison (*Materia Medica, etc.*, p. 612), says: "Curare also acts on the accelerator nerves of the heart, at first stimulating them, and afterwards paralyzing them."

Nothnagel and Rossbach (*Handbuch der Arzneimittellehre*, Berlin, 1884, p. 775) confirm the observations of Bezold and Lange, that in frogs the sensory connections of the reflex apparatus in the spinal cord experience alterations from the action of Curare, the reflexes being at first even accelerated, shortly becoming tetanic, but in the end more and more lowered, and finally abolished. The same authors point out that in frogs the striated muscles retain their power of responding to faradic stimulation after Curare poisoning, the same as do unpoisoned muscles, being even less quickly exhausted by a series of convulsions, and able more rapidly to recover afterward. They add: "And also in warm-blooded animals there results from the smallest dose of Curare primarily a heightening and more rapid course of the spasmodic muscular movements. Whether this results from a richer blood supply to the Curarized muscles (Roeber) or from a direct stimulating influence of the Curare on the same muscle-nerve-apparatus which it finally paralyzes, is still a question." It is still a question with them because Nothnagel and Rossbach do not yet admit as a general principle the fact of the double action of medicines, notwithstanding that the recorded results of their own investigations bear constant testimony to it.—*Practitioner*.

**MEDICAL AND SURGICAL ITEMS.**

**PAINLESS DESTRUCTION OF NÆVI.**—A. B., aged 2 years, suffering from a nævus the size of a shilling, behind the right ear, was on May 13th, 1887, treated by me in the following manner for its removal. Having first painted the healthy skin around the circumference of the nævus, for about half an inch, with a coating of Collodion flexible, I applied a thick layer of a four per cent. solution of Corrosive sublimate on Collodion over the nævus. On the 25th, when I removed the Collodion, the nævus had entirely disappeared, and nothing remained but a small scab. Dr. Boing was the first to suggest this method of treatment, and my object in publishing this case is to draw attention to so simple, satisfactory, and painless a method of treatment.—*British Medical Journal*.

**SPINA BIFIDA TREATED WITH THE ELASTIC LIGATURE.**—F. Parona [*L'osserv. gax. med. di Torino*, 1887] reports three cases of spina bifida treated by the elastic ligature. In the first, recovery took place without fever, in the second after several days of fever, while the third terminated fatally from spinal meningitis. This method gives at least as good results as any other. In many cases in which bad results followed the application of the elastic constriction, it can be demonstrated from the history that there were faults in the technique of the operation or in the after treatment.—*International Jour. of Surg. and Antiseptics*.

**THE TIME FOR THE ADMINISTRATION OF CERTAIN REMEDIES.**—Dr. Christison, Professor of Materia Medica in the University of Edinburgh, gave the following directions as regards the time at which certain remedies should be taken :

"Iodine and the Iodides should be given on an empty stomach. If given during digestion, the acids and starch alter and weaken their action. Acids, as a rule, should be given between meals. Acids given before meals check the excessive secretion of the acids of the gastric juice. Irritating and poisonous drugs, such as Salts of Arsenic, Copper, Zinc and Iron, should be given directly after meals. Oxide and Nitrate of Silver should be given after the process of digestion is ended: if given during or close after meals the chemicals destroy or impair their action. Potassium Permanganate also should not be given until the process of digestion is ended; in-



asmuch as organic matter decomposes it and renders it inert. The active principle of the gastric juice is impaired and rendered inert by Corrosive Sublimate, Tannin and pure Alcohol; hence they should be given at the close of digestion. Malt Extracts, Cod Liver Oil, the Phosphates, etc., should be given with or directly after food."—*Canada Medical Record*.

**FÆCAL IMPACTION.**—Ordinary brewer's yeast is highly recommended in fæcal impaction. It is injected into the rectum. It permeates and softens very fast, and makes rectal relief a simple and easy matter.—*Southern California Pract.*

**REMEDY FOR LUMBAGO**—Dr. C. G. Hollister, Meadville, Pa., recommends the following as a specific for lumbago: Iodide of Potassium, Bromide of Potassium, aa  $\mathfrak{z}$  ss.; Tincture of Colchicum Seeds, f.  $\mathfrak{z}$  iss.; Syrup of Orange Peel, f.  $\mathfrak{z}$  ij.; Water, qs. f.  $\mathfrak{z}$  vi. M. One teaspoonful to be taken three to four times daily, or increased up to causing loose movements of the bowels.—*Med. and Surg. Rep.*

**STRICTURE OF THE ŒSOPHAGUS.**—Dr. Walker Schell (*Indiana Medical Journal*) reports a case: "On the 28th day of September, 1886, I was called to see A—, aged two years. The child was very small and badly nourished. She was in great distress, calling for water and milk almost constantly. Whatever was given her was promptly ejected. She was utterly unable to swallow a drop of fluid or food of any kind, and such had been her condition for four days, as I learned from the parents and the physician in attendance. Unless relieved, she would soon perish of hunger and thirst.

"The history of the case was such as to make the diagnosis easy. Some months before, the child had accidentally swallowed some concentrated lye. We then had to do with an organic stricture of the œsophagus, the result of a cicatrix.

"By gradual dilatation, I succeeded in passing a catheter equal in size to a No. 4 English. She was then fed an abundant quantity of milk. In five sittings, I succeeded in dilating the stricture, which was some three inches in extent, commencing at the junction of the pharynx and œsophagus, and extending downward, till I could pass a No. 14 olive bougie of the English scale.

• "English bougies with the olive point, such as are commonly

used in stricture of the urethra, are, in my opinion, the best instruments to use for a similar purpose for stricture of the œsophagus, especially in children. They are more easily handled than the œsophageal bougie, and are cheaper. They are sufficiently long for every use which we may have for them in children, and can easily be introduced into the stomach. It is important to feed the cases immediately at the close of our sittings, and for that purpose an English œsophageal tube must be passed into the stomach. Milk and soups are the only food suited to these cases. The child gained rapidly in flesh under treatment.

“ In cases of malignant disease of the œsophagus, as a rule, gastrotomy ought to be performed, unless the diagnosis is made very late. Of course, the end is the same, but life would be prolonged, and many more distressing symptoms would be avoided. It ought not to be done for organic stricture—at least, not when an instrument can be passed.—*Epitome.*

**MILK JELLY.**—As a variation in milk diet, the following is recommended by Prof. Liebreich :

Heat one quart of milk with one pound of sugar, and when the sugar is dissolved continue the heat, at a boiling temperature, for about ten minutes. Now cool it well, and then add, *slowly* stirring, a solution of one ounce of Gelatin in a cupful of water. Next add the juice of three or four Lemons and three wine-glasses full of Wine, Brandy or other Liquor. Set the glasses containing the mixture in a cold place, so that the contents may gelatinize. It is necessary to have the milk quite cold before the other ingredients are added, as it would otherwise curdle.

**CORN REMEDY.**—Salicylic Acid, 10 parts ; Lactic Acid, 10 parts ; Collodion, 80 parts. Mix them. The addition of Lactic Acid is said to increase the efficacy of this combination very materially. [Heretofore, Extract of Cannabas Indica has usually been added as one of the ingredients.]—*Rundschau* (Prag).

**A DOMESTIC REMEDY FOR IVY-POISONING.**—Duffield writes to the *Scientific American* of March 24th, 1888, as follows :

For many years I suffered terribly from this cause, but, remembering that all poisons are acids, and that alkalis neutralize acids, I bathed the poisoned member in a strong Lye made from wood ashes, and obtained instant relief. Subsequently, I found that the

dry ashes alone, rubbed over the poisoned member, were equally effective. Since this discovery, I have no further trouble, and, having tried this simple remedy repeatedly on myself and on many others with like good results, I am now thoroughly convinced that wood ashes will, in every case, prove a sure and sovereign specific for all cases of ivy-poison. [Note by Ed. Am. Dr.—The same object may be attained equally well, and in a much cleaner manner, by applying Bicarbonate of Sodium in powder.]—*Am. Druggist.*

Yes, or instead of Bicarbonate of Sodium a solution of Water and Glycerine, made alkaline with Aqua Ammonia will do as well.—*Ed. Am. Med. Jour.*

CHEMICAL MISNOMERS.—An editorial in the *Popular Science News* recites some of the curiosities of names of chemical compounds, which, when their inappropriateness is considered, appear extremely ludicrous. Thus: Oil of Vitriol is no oil, neither are Oil of Turpentine and Kerosene. Copperas is an iron compound and contains no copper. Salts of Lemon is the extremely poisonous Oxalic Acid. Carbolic Acid is not an acid, but a Phenol. Cobalt contains none of that metal, but Arsenic. Soda Water has no trace of Soda, nor does Sulphuric Ether contain Sulphur. Sugar of Lead has no sugar, Cream of Tartar has nothing of cream, nor Milk of Lime any milk. Oxygen means the acid maker, but Hydrogen is the essential element of all acids, and many acids contain no Oxygen. German Silver contains no silver, and Black Lead no lead. Mosaic Gold is simply a Sulphide of Tin. This list might readily be extended, both in chemistry and other natural sciences, and it is only fair to state that these terms all come from the older writers, and tend to give way to a more scientific nomenclature.—*Scientific American.*

RADICAL CURE OF FISTULA IN ANO.—First trace fistula with flexible probe. Wash out the track with a five per cent. solution of Hydrogen Peroxide. Then inject a 95 per cent. solution of Carbolic Acid, plus an equal quantity of a 10 per cent. solution of Muriate of Cocaine. Draw about 10 to 15 minims in the syringe. Push the flexible needle to the depth of the fistuli, then inject slowly as you withdraw the needle. Within two hours inject Oleum Eucalyptus and Glycerine, equal parts, and the operation is finished. Keep the patient quiet for forty-eight hours.—*Technics.*

# THE AMERICAN MEDICAL JOURNAL

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E. YOUNKIN, M. D., - EDITOR AND PUBLISHER.

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Original Articles solicited from all sources.

Clinical Reports, Surgical Operations and Notes of Interesting Cases specially invited.

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## EDITORIAL.

### THE TEETHING OF CHILDREN.

The eruption of teeth should be regarded as a physiological process, but the manifold irradiation and reflex phenomena which almost invariably accompany the production of the milk-teeth become so important, and are so often the subject of parental and professional anxiety, that a special consideration becomes necessary.

The milk-teeth are twenty in number, equally divided in the upper and lower jaws; on each jaw four incisors, two canine, and four molars. The ossification of the dental sacs of the twenty milk-teeth takes place in the fifth month of pregnancy; and the sacs for

the *permanent* teeth are developed on the posterior wall of the sacs of the milk-teeth. After birth the milk-teeth advance to the alveolar border of the jaw, and appear as a white ridge beneath the congested gums.

The time in which the milk teeth appear is by no means constant, as their growth and development depend on the power of nutrition during infantile life; but in the majority of healthy children, the eruption takes place in a certain series of groups, and at stated times.

Between the fifth and ninth months, and pretty nearly simultaneously, the two lower central incisors appear; after which there is a pause from one to two months.

At about the tenth month the first two central upper incisors appear, then the other two in quick succession. The second pause will now occupy six to twelve weeks.

From the twelfth to the fifteenth months six teeth appear at one time, namely: the two lower lateral incisors and the four first molars—as a rule, the molars of the upper jaw first, then the lower incisors, and lastly the lower molars.

Now another pause until about the eighteenth month, when the canine teeth break through.

Finally, between the twentieth and thirtieth months the four second molars appear.

The first dentition is now closed, the whole being in place about the second year; but these dates are subject to much variation, even in perfectly healthy children, and are, of course, much delayed by feeble health, and especially by rickets. This much, however, can be asserted, that children in whom the above groupings occur, as to time and succession, have the least trouble, and encounter but little disturbance in teething.

A child under five years of age, having twenty teeth, can never have any pathological changes attributed to difficult dentition—a blunder that occurs too often in medical practice.

It is well, in this connection, to take in the history of the *permanent* teeth.

About the sixth or seventh year the first permanent molars appear; then the lower central incisors; then the upper central incisors; a little later the laterals—this bringing us to about the eighth

year. In the ninth or tenth years the first bicuspid appears; then the second bicuspid; and about the eleventh year the canines—the lower preceding the upper. The twelfth year molar is more commonly thirteen years. And the wisdom teeth are very uncertain, ranging from the eighteenth to the twenty-fifth year, or a still later period.

He who would study difficult dentition, let him first understand the physiological periods of the eruption, else he will charge many pathological processes to that which is quite natural. Physicians have been accustomed to lay at the door of teething a great variety of ailments, ranging from the minor derangements of digestion to convulsions and marasmus. Why this normal process should be so often pathological has been the doctors' puzzle. Since the natural processes of teething have been more accurately studied, greater doubt has been thrown upon the ill-effects of teething.

While the eruption of teeth evidently gives rise to certain irritations, both local and general, it must be remembered that delayed dentition is more frequently due to defects in the proper nutrition, which go to the growth and development of the teeth. An important cause for this delay in deciduous teeth is due to rickets. In this disease the defective development is more striking in the facial bones, and hence delay and irregularities in the appearance of the teeth, form one of the earliest and most constant symptoms of rickets in young infants.

In the local symptoms of teething there may be simply a physiological stomatitis, or an increased secretion of the fluids of the mouth. These little disturbances can only be greeted as good indications, for dangerous reflex symptoms are rarely encountered in such children.

The physiological stomatitis may, however, pass into an ulcerative stomatitis. Ulceration may occur on the tip of the tongue, or on the mucous membrane of the cheeks and gums—usually a single flat, round ulcer, with a yellow base, and infiltrated edges, which is extremely painful to the touch, and will embarrass the movements of the tongue. Its cure may be accelerated by a touch of lunar caustic or sulphate of copper.

The increased flow of saliva is attributed to the irritation of the mucous glands, and frequently irritates the chin and front of the

neck. It is not unfrequently associated with a severe cough. If a little unctuous matter is used upon the irritated parts, and the chest is protected by a layer of water-proof, it is all that is required.

The eruption of molars and canines may have as an attendant a conjunctival blenorrhœa, which may be explained by the irritation extending to the antrum of Highmore and nasal ducts. Recovery usually follows in a few days, and no active treatment is required. Cleanliness and dry warmth, with occasional washing with warm green tea, answer fully.

As to the effects upon the organism—the bowels, the skin and the nervous system may be influenced, either in a moderate degree, or associating with other causes may become quite serious.

It is claimed that moderate diarrhœal stools during teething are physiological, inasmuch as they are quite constant and run their course without any injurious effects; and it is claimed that in such cases complications are scarcely ever witnessed. But it cannot be denied that this simple intestinal catarrh very often leads to follicular irritation of the intestinal canal and the involvement of the mesenteric glands. Especially is this seen in artificially nourished children. Hence a mere physiological diarrhœa should be closely guarded, not treated with astringents and opiates, but with Pepsine, Nux, Bismuth, and well-directed foods. A teething child may have a moderate diarrhœa, followed with hourly evacuations of a cadaveric odor, eroding the anus and surrounding parts, producing rapid emaciation. Vomiting is added. The mucous membrane of the mouth is covered with thrush; great thirst; loss of appetite; and the abdomen becomes tympanitic. Here we have a case of follicular enteritis, the further consideration of which we pass for the present.

Associated with dentition, we are likely to have certain forms of skin eruptions—as urticaria, lichen, impetigo and eczema—which usually run an acute course of from six to eight weeks.

The most dangerous of all the complications of teething are those diseases belonging to the nervous system. These are mostly convulsive in their phenomena—sometimes eclampsia, or at times only slight spasms. Convulsions often cease after a few minutes. Sometimes they continue uninterrupted for several days. Sometimes they pass off without leaving any trace of their effects; but fre-

quently they produce a paralysis, a squint, or even idiocy, and they often terminate fatally. The lighter forms of convulsive movement may be seen in disturbances of sleep, jerking of the limbs, or the eye-lids partly open and eyes rolled up. For the severe convulsive disturbances, I place my patients under the influence of Gelseminum, giving it by the mouth if they can swallow. If not, then hypodermically. For the slighter convulsive actions, Bromide of Potassa or Bromide of Soda. Be cautious, however, with the Bromides with infants, lest you produce a permanent atrophy of the brain.

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### ANTISEPTICS IN SUMMER DIARRHŒA.

The treatment of intestinal diseases is likely to have for its basis a theory comparatively new. At all events a greater emphasis is being placed upon the fact that the majority of summer diarrhœas, especially of children, are due primarily to fermentation and putrefaction in the alimentary canal. These factors, so constantly present in summer diarrhœas, have suggested the use of those agents known in modern parlance as antiseptics. Our experience with this plan of treatment, during last summer, created within us much confidence, and we hope, during the coming summer months, to be able to record most flattering results from reports all along the line. In the hospitals and dispensaries of our cities, where large numbers of children are treated during hot weather, the antiseptic plan has grown into great favor. Places where, under the old methods of treatment, about one-half of the patients were lost, now, under the antiseptic plan, there is reported a loss only of about one per cent.

Not pausing to discuss the cause of fermentation, as to whether produced by bacteria or not, we are to study what foods are best calculated for the individual age of our patient, and the individual power of digestion—what foods are the least likely to ferment and the least calculated to act as irritants; then, to study what drugs are best calculated to restore pathological changes and best adapted to prevent fermentation and decomposition.

The antiseptic plan of treatment may be somewhat complex as there are numerous agents called antiseptics, and some are to be preferred rather than others. Some, when taken internally, are comparatively harmless, whilst others may prove a bane to future health, or even destructive to life.



Salicylic Acid, Salicylate of Soda, Salol, Carbolic Acid, Creosote, Naphthalin, Iodoform, Thymol, Boracic Acid and Bichloride of Mercury are some of these agents. On the use of these much variation of opinion may arise with different physicians. Any one of these drugs might neutralize the fermentative process, but it might not be adapted to the pathological changes as well as some other.

Now, it is said that human milk is antiseptic, and will resist fermentation many hours longer than cow's milk.

If cow's milk be boiled fifteen or twenty minutes, its bacteria and spores are destroyed, but do we not know that milk thus sterilized has in it a casein that is rendered tough and indigestible by cooking? Then, by seeking to get rid of one evil, we may produce another. I conceive, therefore, that fermentation is not the sole factor operating in the production of intestinal disorders, but that preceding all this there may be an irritant or an enfeebled digestive apparatus—a dyspepsia.

I would rely upon an antiseptic for the purpose of destroying the fermentation only, but to tone up the digestive apparatus I might give some such agent as Nux. or Hydrastia. The digestion being good, the food taken might not be appropriate, as is often the case in infantile feeding. Here the greatest care should be taken in properly selecting the food. If cow's milk must be relied on, it should be previously partially digested or some preparation of Pepsine systematically given. To accomplish the former, the Humanized Milk (Fairchild) or Carnrick's Food may be relied on, and for the latter, the Essence of Pepsine or the Lactopeptine may be given.

We have seen infantile digestion so feeble that even the mother's milk could not be tolerated. In such cases I have trusted simply to mutton tea.

Turning again to the use of antiseptics, I, for the most part, prefer the milder antiseptics in infantile diarrhoea and vomiting, though the more powerful ones, highly diluted or attenuated, may be of service in some cases. In given cases, we scarcely see the disease maintained by a single factor; hence we can reach the conditions better by combining several drugs rather than to administer single remedies.

The following is a typical case: An infant, two months old,

taken with diarrhoea and vomiting; the stools green and frequent; there was much prostration. The mother had eaten fruits and vegetables—apples, new potatoes, cabbage and cucumbers. This kind of diet was now strictly prohibited and a simpler diet ordered. For the infant the following was prescribed:

R. Tinct. Nux Vomica, gtt. x.; Ess. Pepsine, ʒij.; Listerine, ʒij.; Glycerine, ʒss.; Aqua Dist, ʒj. Mix. et Sig. Give 15 drops every two hours. In a very short time the dangerous symptoms all abated.

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### FURTHER ANNOUNCEMENT OF THE ECLECTIC MEDICAL SOCIETY OF MISSOURI.

As heretofore announced, the Eclectic Medical Society of Missouri will meet in annual session, in the halls of the American Medical College, in the City of St. Louis, on June 6th, 1888. The Committee have not as yet made a full report, and it will be impossible for them to do so before this issue of the *AMERICAN MEDICAL JOURNAL* is sent out, therefore we cannot present a complete programme; but as far as arranged at this time, the following will be about the order:

At 9 A. M. Meet at the College, 310 North Eleventh Street; greetings and reception.

At 10 A. M. Society called to order by the President.

10 to 12 A. M. Transaction of routine business, reception of new members, etc.

At 12 M. Recess for dinner.

2 P. M. Call to order, report of committees, etc.

3 P. M. Go aboard the elegant steamer Spread Eagle, at foot of Locust Street.

3 to 7 P. M. Social re-union, and viewing the cities of St. Louis, Alton, Ill., and other matters of interest along the shores of the great "Father of Waters."

7 to 9 P. M. Supper, such as is only spread aboard the great Mississippi steamers.

9 P. M. Session of the Society in the cabin, and organization of and American Medical College Alumni.

11 P. M. Retire to state-rooms.

7 A. M., June 7th. Breakfast.

9. A. M. Land at foot of Locust Street.

10 to 12 A. M. Session of the Society in the College.

12 to 2 P. M. Recess.

2 to 5 P. M. Transaction of business; election of delegates to National Eclectic Medical Association; election of officers for ensuing year; final adjournment.

The above is an informal outline of how we expect to pass the time at our coming meeting. This much, at least, will certainly be carried out; there may be something additional arranged before the Society meets. The only requisite for admittance to the excursion, which will be absolutely free to members of the Society and their ladies, will be a receipt from the Secretary for the annual dues.

Large numbers have responded to the circular letter sent out some time ago, signifying their intention to be present, thus indicating that this will in all probability be the largest meeting in the history of the Society.

Several have indicated their intention to present before the Society cases of unusual interest and essays of superior merit. Again, we urge you to meet with us! Bring your wife, and spend a short time in recreation and interchange of thought with your fellow-physicians of this great State!

Expecting to see every wide-awake and progressive doctor of the State present on June 6th, we are, respectfully,

Your obedient servants,

H. L. HENDERSON, M. D., St. Louis, Mo.

*President (care of Am. Med. College).*

M. M. HAMLIN, M. D., Grays Summit, Mo., *Secretary.*

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DIETETIC NOTES. — Realizing that in many of the diseases in which Lithiated Hydrangea has been found to possess great therapeutic value it is of the highest importance that suitable diet be employed, the Lambert Pharmacal Company have had prepared *Dietetic Notes*, suggesting the articles of food to be allowed or prohibited in several of these diseases. A neatly-bound book of these Dietetic Notes, each note perforated, for the convenience of physicians in detaching and distributing to their patients, will be sent free of cost, by addressing Lambert Pharmacal Co., 314 N. Main Street, St. Louis, Mo.

**PROFESSOR D. HAYES AGNEW.**

Few surgeons have arisen to greater eminence in their profession than Dr. D. H. Agnew, whose fiftieth anniversary as anatomist was celebrated by his fellow-practitioners of Philadelphia, in the Academy



of Music, on the 6th of April; he is a native of Lancaster County, and his father was a practitioner of considerable reputation. He graduated in medicine at the University of Pennsylvania in 1838. Dr. Agnew was the founder of the Philadelphia School of Operative Surgery, and also of the Pathological Museum of the Philadelphia Hospital. He has for a long time been a surgeon in Wills Eye Hospital; and since 1850 has filled the chair of Operative Surgery in the University of Pennsylvania, and is also Professor of Clinical Surgery in the University

Hospital. He is the author of an elaborate and standard work on operative surgery. He has been a liberal contributor to the literature of the profession. He is a skillful, rapid and efficient operator. He is personally very peculiar. Although he has ostensibly written much, he is not of what may be called a literary turn of mind. He makes no pretense to style. In manners he is gentle and courteous. He is a thorough anatomist. He was one of the surgeons selected to attend the late President Garfield, and performed his duties in that connection conscientiously and with great credit to himself. He inherits the characteristics of a Scotch ancestry, being clear-headed, cool, careful, bold and decisive, yet conservative. His record of deaths under his care is not excelled in point of fewness by any surgeon in the country. Like the late Professor S. D. Gross, he is a person of extraordinary health, and is better preserved than many who cannot look back upon half as many years. He has a large and profitable practice.

## PROPRIETARY DRUGS.

Dr James, of the *National Druggist*, says: "American medical, pharmaceutical and trade journals, usually keen to detect a hidden advertisement in communications recommending new drugs and preparations when the same emanate from home sources, throw caution and ordinary business sense to the winds when it comes to recommending and puffing the very same class of merchandise bearing a foreign name and recommended by foreign authority. The success of one or two German chemicals, the products of synthesis, opened the doors for a flood of antiseptins, antifebrins, antipyrins, and other 'antis' ending in 'ol' or 'in.' They come to us covered all over with patents—patents covering the names, the process of manufacture, the ingredients (save those which are kept absolutely secret), the modes of dispensing, the package, the label—in short, everything that a patent can be made to cover. In a word, they are patent medicines in the very widest and strictest sense of the term; and yet they are received with enthusiastic welcome by press and practitioner, and are given, gratis and gladly, advertisements that money could not purchase for a home product, even though ten times more valuable, and not one-teuth so much patented.

"One of the proprietors of a drug of this sort, recently established in America, on being approached by the solicitor of advertising for an American medical journal, answered very curtly that 'they didn't have to advertise their article. They got all the advertising they wanted, for nothing, in the shape of laudatory communications in the reading matter of the medical journals.' Which was true, every word of it, and that in spite of the fact that it was a patent medicine. The very journal for which the agent was soliciting, and in the very copy which he carried as a specimen, contained no less than six laudatory notices of the drug in question—one of them a communication covering several pages and heralding its virtues in almost every known form of disease.

"*Per contra*, the same journal had enjoyed for years a handsome revenue from the advertisement of a reputable proprietary medicine house of this city, but had persistently refused to admit within its reading matter a little notice commendatory of one of its specialties, the formula for which was printed on every bottle.

"It is useless to plead that these imported patents are so valuable

that the profession *must* have them and *must* use them, secret nostrums though they be. This is not true; nor is it true that the manufacturers over there are any more honest or frank as to the nature and origin of their wares than are the American manufacturers of similar drugs. In proof of this assertion, we call the attention of our readers to Gawalowski's merciless exposure of a new compound which is getting ready in Germany to make a descent on Europe and America in the style of its predecessors—the antiseptic kreolin—of the wondrous value of which the advance guard of certificates have already commenced to appear in our journals. Will the latter be warned in time, or will they swindle themselves out of thousands of dollars by giving it the usual American welcome and gratis advertising?"

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### BOOK NOTICES.

**MY EXPERIENCE WITH THE NINTH INTERNATIONAL MEDICAL CONGRESS.—ITS PECULIAR WAYS AND METHODS ILLUSTRATED.** BY GEORGE E. POTTER, M. D., Johnstown, Pa.

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**ALDEN'S MANIFOLD CYCLOPÆDIA OF KNOWLEDGE AND LANGUAGE.**

Volume I. of this work has been received. Including not only a cyclopædia of useful knowledge, but a dictionary of the English language. This work, when finished, will consist of about 30 volumes, and will average about 640 pages to the volume. The Manifold Cyclopædia is meant for the masses, and its price is very low: in cloth, 50 cents; half morocco, 65 cents; postage per volume, 10 cents. John B. Alden, Publisher, 303 Pearl St., New York.

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**THE INFECTIOUS DISEASES, VOL. I.** BY PROF. KARL LIEBERMEISTER. Translated by E. P. Hurd, M. D., being No. 8 of Physicians' Leisure Library.

Professor Liebermeister is one of the most uncompromising adherents of the germ theory of disease, though he says that day has not yet come, and the number of micro-organisms whose actual causal relation to the particular diseases has been proved is still relatively limited. In this abbreviated work malaria and typhoid fever is presented; and Part II., which is to follow, will be occupied with contagious diseases—small-pox, vaccina, varicella, rubeola, measles, scarlet fever and diphtheria.

**THE MODERN TREATMENT OF PLEURISY AND PNEUMONIA. BY G. M. GARLAND M. D.**

This is No. 7 of the Physicians' Leisure Library, 1887. Paper cover, 25 cents; cloth, 50 cents; whole set of 12, \$2.50 and \$5.00. Published by Geo. S. Davis, Detroit, Mich. This brochure is designed to give a brief summary of the present status of pneumonia and pleurisy.

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**PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES. SECOND SERIES. PARTS 5TH AND 6TH. BY GEORGE HENRY FOX, A. M., M. D. Published by E. B. Treat, No. 771 Broadway, N. Y.**

This is an atlas and text-book combined. Complete in 12 parts. The plates are hand-colored; nearly one thousand cases from life. The work takes in the whole range of skin diseases, and is finely illustrated by the plates and accurately described by the text.

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**REFERENCE HAND-BOOK OF THE MEDICAL SCIENCES.**

Embracing the entire range of scientific and practical, medicine and allied sciences, by various writers. Illustrated by chromo-lithographs and fine wood engravings. Edited by Albert H. Buck, M. D., and published by William Wood & Co. As a work of reference upon all subjects pertaining to medical science, this stands unrivaled. Vol. VI. received.

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**THE THREE ETHICAL CODES.—Cloth, 55 pages, postpaid 50 cents. The Illustrated Medical Journal Co., Publishers, Detroit, Mich.**

In this little book is reprinted the code of ethics of the American Medical Association, with its constitution, by-laws and ordinances, brought down to 1888; the code of ethics of the American Institute of Homœopathy; and the code of ethics of the National Eclectic Medical Society. Of the three codes, that of the American Medical Association is the longest, and that of the National Eclectic Society is the shortest, while much of the Homœopathic is strikingly similar to that of the first named. Altogether it is a handy little book for reference as occasions may require. In examining this little book we are forcibly struck with the shortness of the Eclectic code compared with that of Allopathy and Homœopathy. The Eclectic code is composed of only two articles, covering the entire ground. The Eclectics, as a rule, believe the shorter such things the better.

**ATLAS OF VENEREAL AND SKIN DISEASES.** — Comprising Original Illustrations and Selections, from Plates of Koposi, Hutchison, Neumann, Fournier, Cullerrier, Leloir, and others; with Original Text by Prince A. Morrow, A. M., M. D., Clinical Professor of Venereal Diseases in the University of New York. Published by Wm. Wood & Co.

The fifth faciculus, now received, comprises five chromo-lithograph plates, on annular, pustular, and rupial syphilide in their various stages. Those who would be conversant with the different manifestations of venereal diseases should avail themselves of this great work.

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**DULLE'S ACCIDENTS AND EMERGENCIES.** Published by P. Blakiston, Son & Co., Philadelphia.

This is a little book of 123 pages, bound in a stiff muslin back. The suggestions presented seem more specially designed for the masses, rather than to the physician. They are not elaborate, but simple and practicable. Not intended to take the place of a physician or surgeon, but to supply helpful action at a time that might otherwise be a period of inaction and despair, before skilled assistance can be had.

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### NOTES AND PERSONALS.

**CHRISTIAN SCIENTIST.** — "Have you ever tried the faith cure for rheumatism?" Patient—"Yes, I'm trying it now. I've got in my pocket the left hind foot of a graveyard rabbit that was killed in the dark of the moon, and I'm blamed if I don't think it's helping me."—*N. Y. Sun.*

**SUCCUS ALTERANS.**—Dr. J. C. Modrack says: "I have used *Succus Alterans* (McDade) in my practice ever since it was introduced, and have always found it eminently satisfactory in the treatment of all syphilitic cases of skin diseases, and also of all blood disorders."

THE gentleman who advanced the theory that to prevent a wasp from stinging it was only necessary to take him between your thumb and finger, and hold your breath, admits now that he meant a frozen wasp. He has experimented with a good lively base-burner, and is willing to admit that he erred.—*Am. Druggist.*



DR. CORNELIUS R. AGNEW, of New York, died April 18th. He was taken severely ill with peritiphlytis while in attendance upon Mr. Conkling. Laparotomy was performed on Dr. Agnew on April 13th, by Dr. Sands, and a quantity of pus removed from the appendix vermiformis, but the operation proved unavailing.

He was born in New York in 1830, and graduated in the College of Physicians and Surgeons in 1852; since which time his name has been connected with institutions and charities of both city and nation. For many years he was Professor of Ophthalmology and Otology in the College of Physicians and Surgeons. He organized the Brooklyn Eye and Ear Hospital, one of the oldest institutions of the kind, and held positions of honor in other public schools and enterprises.

As a trait in his unselfish and noble character, we point to him as one of the foremost of his school in adopting a new code of ethics, which set its foot upon the most obnoxious features of professional partisanship, recognizing character and scientific attainments as the only tests of professional fellowship. He died at the age of fifty-eight years, in the midst of an active professional and public life.

LLOYD'S HYDRASTIS.—Recently a prominent druggist remarked that he commended the way in which Lloyd's Hydrastis was introduced to the profession. It is a most valuable remedy in such mucous diseases as throat and nasal catarrh, gonorrhœa and leucorrhœa, etc., and they have not advertised it with display advertisements that would bring it to the attention of those who would use it without a prescription. On the contrary, they have quietly been bringing its advantages before physicians; and that they have been wise in pursuing this course is evident from the appreciation in which the preparation is held by the medical profession. It is now for sale in every city in the Union, and no doubt Lloyd Bros. are selling thousands of pounds every month.

POTELINE.—The remarkable substance known as Poteline is formed of a mixture of Glycerine, Tannin and Gelatin, to which may be added the Sulphate of Baryta or Zinc-White; the resulting mass may be colored by the addition of vegetable colors. While Poteline is hot it can be molded, and when cool it is susceptible of every kind of manipulation, such as turning, filing, boring, etc., and takes a very fine polish.

**TEXAS HEALTH JOURNAL.**—This is a new journal, the prospectus of which is now before us. It will make its first appearance in July. It is to be a quarterly, 32 pages, in magazine form. Editor, J. R. Briggs, who was formerly the associate-editor of the *Texas Courier-Record of Medicine*. Richard Flood, the business manager. Dallas, Texas, is the home of the *Journal*. The *Journal* is to be devoted to the Science of Health. \$2.00 a year, in advance. We wish much success to this new enterprise.

A BOOK of 15,000 prescriptions was completed by a druggist, in 1800, and at its close he wrote:

“’Tis finished, and the record is complete  
Of powders, pills, pukes, draughts and potions,  
Which sad inflictions on poor mortal frames  
Have led to retchings, purgings and commotions.  
  
How much of pain may have been caused or cured,  
How much disease has been relieved or strengthened,  
Is doubtful all; and it will not be known  
How much of life has been cut short or lengthened.  
  
Sad thought, that what is meant to cure will often kill,  
For hell, they say, is paved with good intentions;  
That death may lurk within a well-made pill,  
And chemists fatten on their inventions.”

**A NEW DISEASE.**—An African clergyman, in preaching from the text: “And the multitude came unto Him, and He healed them of divers diseases,” said: “This is a terrible text, my dying congregation. Disease is in the world. The small-pox slays its hundreds, the cholera its thousands, and yellow fever its tens of thousands; but, in the language of our text, if you take the divers, you are gone. These earthly doctors can cure small-pox, cholera and yellow fever, if they get there in time, but nobody but the good Lord can cure the divers.”

**TONGALINE.**—Dr. H. H. Harr, says: “I have used Tongaline quite extensively for rheumatism, neuralgia, and other similar troubles with excellent results, so that I have a constantly increasing faith in the remedy.”

**A NOVEL SUICIDE.**—Louis Hutton, of Vessurmes, committed suicide by heating a poker red-hot and thrusting it into his bowels.

MARRIED.—Dr. A. J. Widener, of the graduating class of the American Medical College, 1887, was married, May 2d, to Miss Susie May. The doctor is engaged in an active practice in Gurdon, Ark. We wish long life and much happiness.

VOODOOISM AND THE MIND CURE.—An exchange says: "They all call it 'mind cure' in Boston, and 'voodooism' on the Southern plantations; but about the only difference is in the name, and in the fact that the voodoo charges less.

CURETTING THE WOMB.—If the mucous surface of the uterus be the seat of papillomatous vegetations, a morbid state known by hemorrhages and slight enlargement of the womb, and by *excluding* other conditions of the organ which provoke hemorrhagic losses, *the use of the curette* is to be commended. But to employ the implement when papillomata do not exist, or are not present, is malpractice whether exposed or not. If a would-be gynæcologist has a curette in his *armamentaria*, and he is about sure to possess the easily used implement, he is tempted to employ it upon the womb of the first woman who suffers from an unknown ailment.

In two instances within six months I have been solicited to prescribe for women who were suffering from uterine hemorrhages, and who had been curetted repeatedly without benefit. The parties being at a distance, I had to prognosticate the difficulties on written statements, which are slender threads on which to hang important things. But, as I learned clinically, experimentally and empirically that *Leontin* was a good and efficient agent to arrest uterine and pulmonary hemorrhages, I prescribed the aforementioned agent in ten-drop doses every three hours; and the effects were most salutary in both instances. In the two cases a neurosis existed which *Leontin* will correct.—*Prof. A. J. Howe, M. D.*

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FOR SALE CHEAP.—A beautiful homestead, joining "Shaw's Hot Springs" (a noted health resort), in San Luis Valley, 4 miles from Del Norte, Colo. County seat, 1,000 inhabitants. A splendid chance for a good physician. Large practice, which will be thrown in, as I wish to retire. Address

WM. H. FALLON, M. D., Del Norte, Colo.

THE  
AMERICAN MEDICAL JOURNAL.

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*ORIGINAL COMMUNICATIONS.*

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**SUMMER COMPLAINT.**

BY H. L. HENDERSON, M. D., ST. LOUIS, MO.

At this season of the year it would be well if every busy doctor would refresh his mind on the above subject, in order to be ready to fight that dreaded scourge of childhood, and fight it intelligently and with success. As the season advances and the weather grows warmer the disease will begin to make its appearance, first in a few isolated cases, then becoming more frequent and severe, until during the months of July and August it will constitute the bulk of the physician's practice, and is found to be the cause of death in the great majority of death certificates returned to health boards during these months.

When we contemplate the death rate from this dreaded enemy to infantile life, we see an appalling array of figures. It is estimated that in New York City seventy per cent. of the deaths from all causes, in children under two years old, is caused by "summer diarrhoea." This is enough to make the conscientious physician tremble when he contemplates the results that will surely follow the advent of hot weather. Then it behooves us to restudy this subject and to be equipped for the battle when the proper time comes. Then let us make a study of the disease, just as earnestly as if we had never heard of the subject before, and some of us may find that certain important points have been forgotten.

We recognize two distinct groups of symptoms under the term summer complaint, as that term is usually applied to these two clinical manifestations. We apply the terms entero-colitis and cholera infantum. The etiology of the two is really the same, namely: age, temperature of the atmosphere, and improper food. These three elements are usually combined to form the cause of most cases, though in some cases only one of them, or possibly two, is sufficient to precipitate an attack.

Entero-colitis may sometimes be found in adults, but at least ninety-five per cent. of the cases are found in children under five years of age—the great majority being under two. An occasional case may occur in the winter, spring or autumn, but the summer or warm season of the year is when it is most prevalent. Now, we will see in many cases undoubted evidence that the element of high temperature is combined with some other factor, so far as the air is concerned; thus we will find the disease much more prevalent in cities or large towns than it is in the rural districts, while the actual temperature of the country locality was at least as high or perhaps higher than that of the city. This forces us to the conclusion that the air of the city has acquired some special virulency from which the rural locality is free. Of what this new poison may consist varies greatly under different circumstances. It may be for want of the circulation of the air among growing vegetation, which undoubtedly purifies it; it may be from the emanations from foul sewers or cesspools, gases arising from decaying garbage, refuse from breweries, distilleries, slaughter houses, and manufactories of various kinds; these may cause the gaseous impurities, and the solid impurities may come from the ceaseless travel on the paved streets, communicating numerous kinds of decaying animal and vegetable filth, which is caught up by the passing breeze, is inhaled by the unfortunate child, and in due time becomes the exciting cause of summer complaint. So these factors might be multiplied *ad infinitum*, but let these suffice for the present occasion.

In my humble opinion, improper food is accountable for by far the greatest majority of cases of either form of the disease. It may be, and often is, combined with high temperature of the atmosphere or some other etiological factor, yet I believe that bad food is the most important one of all. This cause is sometimes very

obscure ; the child may be nursing and the mother will solemnly assure you that the child has tasted nothing whatever save the breast milk, yet on close inquiry you will find that the mother has eaten a meal of new potatoes, cabbage or some other indigestible food, has been overheated while performing her household duties, undergone venereal excess, loss of sleep, grief, anger, or some such bodily or mental strain, that the lacteal secretion is perverted in quality to such an extent that the irritable membrane lining the alimentary canal of the child becomes overexcited or overworked, and disease results. Again, a child that is fed on ordinary cow's milk rarely passes through the second summer without more or less symptoms of summer complaint. Statistics from the hospitals of our large cities prove to us that any other food than that designed by nature to nourish the growing child, even though it be prepared after the most approved methods, is likely to be followed by cholera infantum. Teething is often accused by mothers and sometimes by the attending physician as being the principal factor in the causation of many cases ; this may be true to a certain extent, yet I hardly think it true as often as many would have us believe. Many other things might be mentioned as occasional causes of special cases, but let this suffice for the present to put us on the lookout for the origin of the disease when a case presents for treatment.

The symptoms of summer complaint might fill volumes, so various are its manifestations under different surroundings and from different causes ; yet we notice that nausea and vomiting, diarrhoea, fever and rapid emaciation are the cardinal symptoms of these cases. An outline of a typical case of each form, as I have frequently seen them in my own practice, will answer for this time, and the reader may insert the modification to suit the cases in his particular locality.

In that form of the disease known as entero-colitis, the beginning is usually insidious, though it may sometimes appear as a sequel of an attack of cholera infantum proper. Ordinarily, the mother or nurse will observe that for several days the child is more fretful and peevish than usual, the appetite is capricious, sleep is disturbed or broken, thirst increases, stomach becomes irritable, and finally the child vomits, the bowels begin to act more frequently than normal, the discharges consisting at first of fecal matter mixed with partially digested food, with slight streaks of mucous. This is about the

condition of the little patient when the physician is first called upon to prescribe. If the child is presented for examination the doctor will find a temperature of about  $101^{\circ}$ , a peculiar tawny or waxy appearance of the skin, face drawn and pinched, especially is this so of the tissues about the eyes and mouth; the tongue slightly furred with a whitish or yellowish coat, and in some cases it is found to be vivid red and contracted; head hot, perhaps perspiring; abdomen sometimes relaxed and pendulous, and sometimes flat and retracted. In either of these cases, by careful manipulation, we will be able to detect tenderness over almost the whole abdomen, especially so in the flexures of the colon and at several points over the small intestines; the region feels hot to the hand while the extremities may be cold. On inquiry, or by watching the patient, we may find symptoms of nervous irritation in form of involuntary twitchings of the smaller muscles, the child cries out while asleep and corrugates the eyebrows, indicating cerebral pain; the diarrhoea grows worse, the discharge becoming almost pure mucous, sometimes streaked with blood and very small in quantity, often yellowish when first discharged but soon becoming a grass-green on exposure to the air. Sometimes there appears scattered through the mass of mucoid material small flaky or chaff-like bodies, consisting of exfoliated epithelia from the intestinal lining. When this appears in large quantities it gives the discharge a stringy consistence. Each action of the bowels is preceded by restlessness and griping pains, often causing the little sufferer to scream with agony, and is followed by severe tenesmus and prostration, the number of actions ranging from six to forty in twenty-four hours.

I have never been able to discover anything characteristic of this disease so far as the pulse is concerned. Some cases will be marked by an oppressed circulation, others by a free and active pulse. Of course, after emaciation and prostration become extreme, then the pulse grows thready and fluttering. If the patient possesses a large share of vitality the case may continue so long that we might be justified in calling the case chronic, continuing through the summer, with varying degrees of severity, until the cold weather of the late autumn gives the little patient a chance to recuperate. In these long continued cases the child becomes a pitiable object to look upon, greatly emaciated, a sallow, inelastic skin, which

hangs upon the frame like a badly fitting suit of clothes ; the joints appear enlarged on account of the shrinkage of the adjacent tissues, altogether giving the child the appearance of a mummy or dirty wax figure. Yet in these severe cases recovery may take place through a tedious convalescence marked by frequent relapses.

While one of these slow cases is progressing many unpleasant symptoms will come up, that complicate and render the case more uncertain in its final termination. In my experience one of the most frequent of these complications is an extreme irritability of the stomach, going to such a degree that even the rattle of a spoon in a glass will bring on the most violent spasms of retching and vomiting, or a piece of ice placed on the tongue will produce the same results. In these cases we see the little sufferer actually starve before our eyes, because the stomach will retain nothing in the shape of nourishment or drink until this irritability is controlled. Another complication is cerebral congestion, or cerebral anemia, which usually comes up after the case has progressed for a considerable time and the heart action becomes weakened ; then we will notice an increasing drowsiness, the child sleeps most of the time with eyes and mouth partially open, is dull and stupid, not even repelling the flies that swarm about the bed. Soon we see the little head begin to occasionally roll from side to side. This motion becomes more marked until the head is rarely still for a single instant, even when the child is apparently asleep, the head will continue to roll from side to side with a regularity only equalled by the pendulum of a clock. I have met a few cases where continual rubbing had caused the whole occipital portion of the scalp to slough off and expose the bone. Many of them will rub all the hair from the back portion of the head. Soon the eyes grow dull and inactive, there may appear a sort of bleb underneath the sclerotic coat ; and I will say in this connection that I have never seen one case that showed this symptom get well. Spasms may appear and thus close the scene, or the patient die from inanition. The abdomen sometimes becomes greatly swollen, the tympanitis only being equalled by that of typhoid fever. Throughout the whole course of the disease the symptoms are likely to assume a remittent type, better one day and worse the next, or better in the day time and worse at night, especially is this true in localities where marsh miasma is generated.



I see that this article is extended beyond the limits of a journal essay, therefore I shall be compelled to defer the consideration of true cholera infantum until some further occasion.

The treatment of the above described form of summer complaint is one of the hardest problems which the physician has to solve. I think there is no disease wherein the beauties and certainties of direct medication (I like this term better than specific medication) are more clearly demonstrated than in this one. Every doctor has a system of treatment for these cases peculiar to himself. I will only give an outline of what my experience has demonstrated to be the most successful; if any or many differ from me, that is their privilege as free Americans and their eclectic prerogative.

"An ounce of prevention is worth a pound of cure" is an old adage which might well be applied to the class of cases now under consideration, and many things hygienic in character might ward off an attack if attended to in proper season; but aside from this class of prophylactics, so far as medicinal substances are concerned, I will mention one which I verily believe has saved the lives of many children through my recommendation and timely administration: it is the old fashioned and long-timed remedy, compound Syrup of Rhubarb and Potash, familiarly known as Neutralizing Cordial. If a mother asks me to give her a medicine which she may keep in the house and use if occasion requires, I give her a bottle of this preparation, *which I know to be well prepared*, and I instruct her to begin, as soon as she discovers the least sign of diarrhæa. For a child two years old give two-thirds of a teaspoonful every two hours, until the peculiar color of the medicine appears in the stools, then discontinue the medicine and all signs of trouble will disappear leaving the child in perfect health. This may save a long attack of entero-colitis, and perhaps a life; and if your patrons possess a spark of intelligence or gratitude they will not fail to appreciate your services. I do not advise the use of this remedy after the case is thoroughly developed, unless there is some direct indication calling for an astringent cathartic. The reasons for the use of this remedy will certainly be obvious to every one without further elucidation. But after the case is thoroughly developed, then quite a different matter takes precedence, namely the proper food. In all cases breast milk from the mother or a wet nurse is the typical food for a

child suffering with summer complaint, and in many cases will be all that is required to effect a cure. Where this natural food cannot be supplied, then it is the duty of the physician to see that as perfect a substitute as it is possible to make, be prepared and given to the child at proper intervals. I would not recommend a single one of the "Infant Foods" so lavishly advertised; one reason is that they are a very poor substitute for human milk, then another reason is that I have secured far better results from a home manufactured food which is far more economical, and approaches very near to human milk in its chemical make up. I do not claim that these formulæ are original, but to the contrary are found on p. 752, vol. ii. of *Pepper's System of Medicine*. For the benefit of those who do not possess this valuable work, I will give them: R. Sodium Bicarb., gr. x.; Ext. Pancreatis (F. & Co.,) gr. v. M. Aq. Fervent, f3 iv.; this is then added to one pint of fresh cow's milk, and the whole placed in a water-bath at a temperature of 100° F., where it is kept for about one hour, when it is removed and placed on ice to prevent further digestion, it is then administered as the case may demand, being careful not to give too much.

Another formula is as follows: One gill of fresh and unskimmed milk, and one gill of water, two tablespoonfuls of rich cream, two hundred grains of milk sugar, one and a half grains of the Extract Pancreatis, Bicarbonate of Soda four grains.

Place this all in a bottle and suspend in water so hot that the hand cannot be retained in it without pain; keep the milk or the mixture at this temperature for twenty minutes, then remove and place on ice. Whichever of these formulas are used, the food should be prepared at least four times daily. If some of you old practitioners who have never given much attention to feeding in these cases will try this, you will be surprised to see how quickly the case will change from a severe to a mild one, and the child soon become convalescent. I have found these foods to be excellent for relieving that obstinate vomiting that sometimes comes up; the child may throw it up at first, but the stomach soon tolerates it, when all trouble in that direction soon subsides. Mutton tea, beef broth or chicken soup is useful in some cases, especially as an alternate for one of the above. I have sometimes seen some of these patients whose stomach would not tolerate any of the ordinary articles of food, grasp

and devour with avidity, a rasher of broiled breakfast bacon, and have never seen any bad results follow its use. As to the drinks, they should be carefully regulated as well as the food. Acidulated or alkaline drinks as may be indicated, iced and freshly prepared, the carbonated water such as soda pop, Vichy, etc., are often kindly received and retained when pure water will be thrown up; ice-water flavored with California brandy will often relieve obstinate vomiting that medicine has failed to check. In the way of medicine I hardly know just where to begin; "hobbyism" has been the cause of many deaths in cases that otherwise might have been saved; then let us steer clear of everything in the way of "ruts," not only in this disease, but all others. When the disease shows a distinct periodic character, the skin is moist, the pulse soft and open, the tongue moist, then give Quinine by inunction; don't give by way of the stomach, or you will be likely to increase the irritability of that viscus, and not accomplish your object; but use the inunction, and that when the body temperature is at its lowest point. To control the nervous symptoms, if any present, I depend upon baths, Rus Tox., Gelseminum, Belladonna, according to their several indications. I do not approve of the bromides in this connection, because they produce cerebral anæmia, complications which we dread. My ordinary list of remedies for the intestinal lesion consist of Aconite, Nux, Ipecac, Charcoal, Bismuth, Hydrastia, Colocynth, selecting the remedy according to the symptoms calling for their use, seldom using more than two of them in any one case. Enemas of starch water or pure water alone will often give at least temporary relief from the tormenting tenesmus. Keep the feet warm with hot cloths, and the head may be cooled with cloths dipped in cold water. If the abdomen swells, turpentine stupes, hot dry flannel, or the old-fashioned spice poultice will become valuable auxiliaries. One is often tempted to use the opiates in these cases. So far as my experience goes, I find that they always do harm in one way or another, by their peculiar action upon the system.

The internal use of antiseptics have their place in the treatment of this disease; it is when there is evidence of gastric fermentation or decomposition. Creosote, Borax, Salicylic Acid, etc., may be thought of in this connection, often serving an admirable purpose. I must not forget to mention one or two remedies of Homeopathic

origin which have given me excellent results: Cuprum and Merc. Corros. in about the 10x trituration, according to the indications calling for their use, will often accomplish what stronger medicines have failed to do. One of the leading points to be kept in view in these cases is this: whatever medicine you use prepare it in such manner that it will not be unpleasant to the taste, for if it is it may do harm by its influence upon the stomach.

I hope at some time in the near future to speak more definitely of the use of the above remedies than the limits of this article would permit at this time. By systematic nourishment, thorough analysis of the case before us for treatment, and the administration of the correct remedy in pleasant form, coupled with careful nursing, the mortality from this form of summer complaint may be considerably lowered from its present high degree.

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## **ANATOMY.—EXTRACT OF A LECTURE.**

BY PROF. E. L. STANDLEE, M. D.

In this, my closing lecture of the anatomical department, I desire to impress you with a few practical points relating to the study of anatomy. In your professional career, I do not mean that you shall spend every spare moment in your office with a book before your face; this is all well enough, but you can never commit a "Gray's Anatomy" to memory, and you need not try it. What I shall endeavor to impress upon you now is, to study the structures with which you shall deal pathologically. No physician is capable of prescribing intelligently for a pain in the body, unless he has a knowledge of the structures and functions entering into the formation of that body. Now let me recall in the most general way the structures forming the human body, all of which we have closely examined during the college term. First, the bones which form the frame work for the support of the soft tissues: I have described every bone in the skeleton, and will class them simply as bones, for osseous tissue does not differ materially in its elements in a long bone from that of a flat or irregular one, but only in amount and arrangement of those elements. Next we have muscular tissue, which is divided into two kinds, viz.: striped or voluntary, unstriped or involuntary. The greater part of the muscular system is com-

posed of the striped variety, connected to the bones by means of fibrous tissue upon which it acts, producing the various movements of the body, and is controlled by the power of the will. The unstriped variety of muscular fibre is found in the skin (*erectores pili*), and in mucus membranes (*muscularis mucosæ*), and also in the various viscera, except the heart, which is of the striped variety, but like the unstriped is not controlled by the will of the animal.

Thirdly, we come to the nervous system, which is correctly divided into two, *cerebro-spinal* and *sympathetic*, each connected with and partly dependent upon the other.

The first is composed of the brain, spinal cord and their branches; the second of a double chain of ganglia, situated one on either side of the vertebral column, with its branches. Both systems are essentially composed of two kinds of tissues, viz.: gray or vesicular, white or tubular; the first being the generator and combiner of nerve force, the second the conductor of that force to all parts of the body. Next is the vascular system, composed of arteries, capillaries, veins, and also lymphatics and lacteals. These vessels circulate the fluids containing the elements of nutrition from which all the tissues are reproduced. Now within this body are certain organs or viscera also to be noticed.

The alimentary canal divided into its various parts, all together about 32 feet in length. In the thorax are the lungs and heart invested in their membranes; liver, spleen, pancreas, kidneys and supra-renal capsules in the abdomen; the bladder in the pelvis, and the reproductive organs in the female pelvis. Thus I have analyzed the body in a general way; but all the structures named, may be further resolved into *their* respective parts. Now I may be able to explain what I mean by the study of anatomy in connection with pathological conditions. The first thing to be determined is, what structure is involved? Next, in what way or how it is affected? And lastly, what is the best means of restoration?

For example, you are called to see a patient with pain in the abdomen. You may locate it in the liver or stomach, as the case may be. Now, is it a structural or functional lesion? If the former, how is the structure affected? If the latter, is the function excessive, defective or perverted? etc. I am persuaded that when this is properly determined, the *means* will usually be suggested at once.

Now you are to dress a fractured arm: first determine what bone is broken, where and how it is broken, then what action certain muscles have on the fragments, the relation of the fracture to joints, etc.; after considering carefully the different points you may intelligently apply your dressing. Again you are to ligate an artery. Draw your lines and locate the vessel. Make an incision over the vessel carefully, remembering the structures to be cut through. When the vessel is reached, remember it is enclosed in a sheath. It has a vein on one or both sides, and usually a nerve in apposition with it. Separate it from these and secure only the vessel to be ligated. Thus analyze every structure with which you shall deal, and while at first it will be necessary for you to refer quite often to your anatomy and physiology, you will in time become your own authority, and will be competent to do your own thinking; and rather than lapsing into a routine business, forgetting the principles of your anatomy, etc., you will further your medical education and be progressive, as all physicians should be.

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### **SPECIFIC ACTION OF BELLADONNA.**

BY F. FISCHER, M. D.

Scudder, in "Specific Medication," page 85, says: "The specific use of Belladonna is a stimulant to the capillary circulation of the nerve centres, and is also a remedy in congestion, as many of us have experienced, and I would not know what else to prescribe in cases where this remedy is indicated. But we have some other use for it in other cases. It is a specific in gangrenous stomatitis, cynanche maligna, cancrum oris, or any disease where there is a large flow of saliva, the secretion being very offensive and foetid from the mucous membrane involved; in this condition Belladonna is indicated. In this condition it will dry up the secretion and bring on normal action of the parts involved."

Seven years ago I was called to see Mrs. Hall, the mother of six children, who had been sick about a week, and found her with a pulse of about 120 per minute, temperature  $102\frac{1}{4}^{\circ}$ , and delirious. An ulcer was forming on her lower lip, about one-half inch in diameter, and involving the cellular tissue. There was a copious discharge of saliva, very foetid, and breath quite offensive, and the ulceration spreading rapidly. I diagnosed the case cancrum oris.

I prescribed Aconite, gtt. x; Gelseminum, gtt. xx; Aqua,  $\mathfrak{z}$  jv.; teaspoonful every hour. Applied Nitric Acid and Sulphate of Zinc every two hours. Called the next day; patient no better; ulcer looking very angry and saliva flowing more freely than on the day previous. I then prescribed: Sp. Tr. Belladonna, gtt. ij. in teaspoonful of water every hour, until three doses were given; then I gave Belladonna, gtt. xv., in Aqua,  $\mathfrak{z}$  jv., teaspoonful every hour, and the patient was soon convalescent. After the first dose of Belladonna the secretion began to decrease, and after the third dose had entirely ceased. I have used this remedy in several other cases of the same nature with the happiest results.

I have also found it to be of great value in scarlatina, incontinence of urine, in sciatica, and in diphtheria, in preventing the formation of false membrane. It is one of the best medicines with Cocaine, by using Atropia, gr. j.; Cocaine, gr. ss.; Aqua Dist.,  $\mathfrak{z}$ j. Use from three to five drops in iritis, urethritis, cystitis. By using this remedy by injection the introducing of the catheter will dilate the urethra and the operation will be almost painless.

### A CASE IN PRACTICE.—IS IT ELEPHANTIASIS ARABUM?

BY J. F. HARRIS, M. D.

Mr. A. P. T., aet. 65, a farmer by occupation, of fair skin, black eyes and dark hair, weight about one hundred and forty, and of very good health until he became affected in 1875, after a flood of the river bottom on which he lives, after wading in water up to his neck for some time, hauling rails which had been swept off during the flood. He became affected with a swelling of his legs, which troubled him for about a month, which caused considerable itching. Not long after this he noticed a small blue spot on his penis—blue, and hard, about the size of a pea. After a while it involved the whole of the glans, causing considerable distress. Has never had syphilis; has never had treatment to amount to anything until about two years ago, which he says has helped him some in his general health. But the condition of the tumors has grown gradually worse, spreading to different parts of his body, but his left leg is now apparently the seat of the disease. Has had three children, two boys and a girl, who are hale and hearty—little fellows showing no signs of a strumous or syphilitic diathesis.

Patient at present has a very good appetite, rests well at night (though did not until recently), bowels occasionally costive, takes very little physic. Kidneys are very good, but some time ago voided as much as a gallon of urine during a night. Has aching pains in the legs; other places on body itch. Drinks but little coffee or tea; has never dieted himself.

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### POSTAL BRIEFS.

**A MALFORMATION.**—On June 5th inst, I was called in haste to attend Mrs. M—— in her confinement. She resided some 10 miles away. In about an hour after I arrived the child was born, being a well developed female infant, except its arms and legs. Its arms were off at the elbow joint as completely as if they had been amputated, and a stump formed, except at the outer end there was a growth like the end of a finger, about the eighth of an inch in circumference. The feet and ankles were about two inches long, forming a joint in the hip, the same as the femur would do in normal development.

The feet were perfectly formed, each having five well and naturally shaped toes; and with the exceptions above stated, the child was well developed; no imperfections could be discovered about the body or head, or in any of the vital functions. The senses were evidently unimpaired; we know this to be the case so far as seeing, hearing and feeling are concerned.

The mother said, about two months after she became enceinte she was riding along the road with her husband, when the team became frightened, and when she looked around, she saw an Italian with a large bear on the roadside near by, which frightened her greatly, and being of a nervous temperment she fainted at the sight of the unfamiliar monster. The event made such an impression upon her mind that she talked of it almost constantly up to the time of her confinement. It is certainly a great freak of nature and shows what great power the mind has over the foetus during at least the early period of gestation.

F. FISCHER, M. D.

**THE MORPHINE HABIT.**—The depressing effects of continued large doses of Morphine are well known, and it is sometimes quite troublesome to restore the waste of nerve energy and break up the



habit. The *Avena Sativa* seems to possess superior powers as a nerve tonic. Several physicians within our acquaintance have given it a thorough trial after having failed with other means, and report most favorable results; in one case the patient was able to reduce from fifteen grains to one grain of Morphine daily, within seven days.

The Crystalline Phosphate, composed as it is of the constituents of the body, is a good tissue and nerve tonic, and may be used with much advantage in breaking up the Morphine habit and restoring the equilibrium of the body.

W. S. CLIFFORD, M. D.

**CANCEROUS ULCERS.—DISINFECTANTS AND DEODORIZERS.**—It is a great desideratum to have at our command some reliable deodorizer or disinfectant in cancerous ulcers. Especially is this true in the care and attention to cancers of the uterus. Having used the whole round of disinfectants—Carbolic Acid, Resorcin, Creosote, Bichloride of Mercury, Chloride of Zinc, Bromine, Iodoform, and Iodol, without allaying the fetor or keeping the ulcers clean, I tried the Peroxide of Hydrogen, by dipping a probang of absorbent cotton into the commercial Peroxide and applying through the speculum. This decomposes the discharges at once, producing a foam which can be taken up by other pledgets of absorbent cotton. As a deodorizer to be used by the patient by means of a syringe, I find the Hyposulphite of Soda exceedingly efficacious. The ulcerative surface well washed with the solution of the Hyposulphite and then covered with a tampon steeped in a saturated solution, the granulations can be kept clean and the fetor kept under. Permanganate of Potash is also a good agent to apply in such cases. Most disinfectants seem to lose their virtue after a few days application, but these we have here recommended are more lasting. They are also cleanly, no smell, and are very cheap.

EDITOR.

**PROCTITIS.**—I have two interesting cases of "proctitis," or acute catarrhal inflammation of the anus and rectum.

Case I.—Male, aged 33, one week ago to-day was constipated, caused by eating grapes; the seeds seemed to become impacted; he removed them himself by an enema of cold water and soap. Thursday and Friday, night and day, was obliged to go to stool 20 to 30 times in as many hours. I prescribed for him Friday night: R. Magnesia Sulph., ʒiij.; Acidi Sulph. dil., ʒj.; Ess. Mentha

Pip., ʒj.; Aqua Pura, q.s. ʒjv. M. Sig. A teaspoonful after each evacuation; result, immediate recovery in 24 hours time.

Case II. was from quite a different cause. Male, aged 60, one month ago treated him for measles; got well in a week, went to work, and the last two weeks we have had considerable rain, nearly every day. May 8th got very wet, took cold, and a dysentery set in; he tried to doctor himself for a week and failed, when I was called in; found him continually going to stool with a sero-mucopurulent pus—a fermentation mucous, not unlike saliva, no blood, some pain (tenesmus). He said, "Doctor, I believe I've called you too late, I am gradually getting very weak; see what you can do." After making a critical examination of the abdomen, bowels, rectum and fæces, I thought I discovered a tape worm joint. Said I, "Let me take that worm away and you will get well." He said, "Oh no, I have had the best doctors in the army and of San Antonio and other places try for it, and they never could move a joint. I have been carrying him for over 20 years, and expect to keep him till I die." He however, finally consented. I went to work May 16. Gave: R. Acetic Acidi, Aqua Mentha Pip, aa ʒj.; Sodii Chloridum Saturandum. M. R. Tinct. Aconit., Acidi Carbolici, Glyc., aa ʒj.; Elix. Brom. Pot., q.s. ʒij. M. Sig. A teaspoonful alternated with the above every hour; told him not to drink nor eat anything but buttermilk—coffee in the morning. May, 18, gave a strong infusion of Pomegranate Root, a large tumblerful at eleven A. M. One hour afterwards gave the following: R. Spts. Turpentine, Chloroform, aa ʒj.; Alcohol, ʒij.; Oleii Ricini, ʒj.; Syr. Tolu, q.s. ʒij. M. Sig. At one dose. I left; when I returned at 3 P. M. I found the enemy had come at 2 P. M., head and all, 30 feet. Result, immediate recovery and an astonished man. Moral! Look at the cause and remove it. Yours, etc., GEO. H. RICE, M. D.

*Query.*—How many of the above drugs could have been left out and the same end obtained?—ED.

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**FLIES.**—It has been recognized that these insects might carry the germs of infection on their wings or feet, and it is now held that they are capable of taking in at the mouth the ova of worms and depositing them unchanged in their fæces upon the meat or food taken by man.

*REPORTS OF SOCIETIES.*

**THE ECLECTIC MEDICAL SOCIETY OF MISSOURI.**—The Eclectic Medical Society of Missouri met in the hall of the American Medical College, on June 6th, in accordance with the call of the President previously published. Early in the day it became evident that the attendance would be unusually large, and when the President called the Society to order at 10 A. M. the hall was nearly filled with physicians from Missouri, Illinois, Kansas and Texas. The forenoon was taken up with the transaction of routine business. When the Society met after dinner the President adjourned the Society to the cabin of the steamer Spread Eagle, lying at the foot of Locust Street. At 3 P. M. the vessel steamed away from the sultry heat and surging crowd of the city, which gave place to the most delicious coolness of the river breeze and quiet sociability among the members and the ladies accompanying them. It would be useless to attempt to portray all the pleasures and interesting scenes of this most enjoyable trip—the great glass works at Alton, Ill.; the ruins of the old prison at the same place, famed for its connection with war history; running of the steamer far out through the bottoms among trees to reach a landing, the bottoms being flooded by high water, the entrancing scene of sunset among the most beautiful scenery of the Mississippi river, are a few of the incidents that served to while away the time. The cool breeze of the river sharpened our appetites for the excellent supper which was served in due season and partaken of in a way only known to tired doctors taking a rest.

At 9 P. M. the President called the Society to order in the cabin, when a very interesting business session was held, continuing until 11 P. M. There was a novelty about this session of the Society which will make it long remembered by all present. The idea of holding a session in the great "floating palace," rocked by the waves of the "Father of Waters," and swayed by the throbbing of the mighty engines, was a combination of influences which was novel in the extreme. After adjournment for the night all retired to their staterooms and "slept the sleep of the just." An early breakfast and an extremely pleasant ride brought us to the wharf at 9 A. M., ending one of the most enjoyable occasions that it has ever been our lot to experience.

At 10 A. M. the Society was called to order in the College;

routine business until 12 M. At 2 P. M. the Society opened its closing session; much business was transacted, new officers were elected for the coming year, and delegates appointed to the National, which meets in Detroit June 20th. The officers for the next year are as follows: H. L. Henderson, M. D., St. Louis, Mo., President; R. L. Galbreath, M. D., Carthage, Mo., Vice President; A. V. Thorpe, M. D., Jamestown, Mo., Secretary; E. Younkin, M. D., St. Louis, Mo., Treasurer; E. L. Standlee, M. D., St. Louis, T. H. Hunt, M. D., McFall, Mo., and R. L. Galbreath, M. D., Carthage, Mo., are the Board of Censors. The annual dues were raised from one dollar to two dollars, and the admission fee to three dollars. The time of meeting was fixed on the first Wednesday in June of each year. Resolutions, memorializing our Governor and Legislature to take steps to maintain our State Board of Health, were unanimously adopted. Many new names were added to the roll and essays of superior merit and cases of great interest were presented for the consideration of the Society.

At 5.20 P. M. the Society adjourned, closing one of the most pleasant meetings in the history of its existence, to meet again in annual session in the city of St. Louis on the first Wednesday in June, 1889, when it is hoped that every progressive and wideawake physician in the State will be present, bringing with them their wives and daughters, and a grand good time may confidently be expected.

H.

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AN ALUMNI ORGANIZED.—It gives us pleasure to announce that on the evening of June 6th, 1888, in the cabin of the steamer *Spread Eagle*, an Alumni Association of the American Medical College was organized by electing H. L. Henderson, M. D., of St. Louis, President; M. M. Hamlin, M. D., of Gray's Summit, Mo., Secretary, and E. L. Standlee, M. D., of St. Louis, Treasurer. The charter members are: Albert Merrell, M. D., St. Louis, 1875; M. M. Hamlin, M. D., Gray's Summit, Mo., 1881; Jno. F. Harris, M. D., Goldberry, Mo., 1882; E. L. Standlee, M. D., St. Louis, Mo., 1886; T. H. Hunt, M. D., McFall, Mo., 1878; A. V. Thorpe, M. D., Jamestown, Mo., 1884; J. T. Shipley, M. D., Salem, Kansas, 1882; H. Shomber, M. D., St. Louis, Mo., 1883; H. L. Henderson, M. D., St. Louis, Mo., 1888; D. P. Webster, M. D., Wrightsville, Ill., 1880; E. J. Williamson, M. D., St. Louis, Mo., 1880; H.

H. Brockman, M. D., Pleasant Mount, Mo., 1887; B. E. Buse, M. D., St. Louis, Mo., 1886; J. F. Marquis, M. D., Lebeck, Mo., 1885; W. S. Miller, M. D., Bagnell, Mo., 1886. On motion, it was ordered that the officers elect be constituted a committee on constitution and by-laws, to report at the next meeting of the Society.

It is hoped that every graduate of the American Medical College will identify himself with this organization, for it will certainly be a source of both pleasure and profit to each of its members. It will be a strong bond of union, binding together the hearts of those who, in years gone by, were classmates in the halls of their *alma mater*. It will awaken many happy reminiscences that have been long forgotten, and will call to mind faces that have long been buried in the misty past. It will be a source of information that can be obtained from no other source; of how many former chums are getting on in life, if they are living, and where, and if dead, when. It will be a source of pleasure at the annual reunion to meet those who were bound to us by ties nearly as strong as that of brotherhood, while our *alma mater* will be a rallying point at which we will annually congregate and bid God-speed to those who are just launching their untried boat on the troubled sea of medical science. It is the intention to issue a certificate of membership of such character that it will be a work of art fit to adorn the home of the most fastidious, together with a badge giving name and date of graduation, with a monogram of the College. The constitution will be so framed that if any have stepped aside from the paths of moral or professional rectitude they will either be brought back to the line of duty or kept outside.

When the president issues a call for a meeting of this organization it is hoped that every one who possibly can will respond.

H.

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THE TEXAS ECLECTIC MEDICAL ASSOCIATION, as per announcement, was called to order by the President, Dr. J. R. Johnson, in the parlors of Hotel Pickwick, in Fort Worth, May 8th, 1888. On account of the indifference of eclectics of the State there was not the number present the constitution says shall constitute a quorum; but having a right under the by-laws, and the President and Secretary being present, and being a majority of the Board of Directors and Censors, held an executive session, and transacted all business

coming under their jurisdiction. Drs. E. W. Aldrich and J. H. Mitchell, of Dallas, made application for membership, and being found worthy, were granted the certificate of the Association and their names enrolled as members.

The report of the Treasurer was handed in, and showed the Association to be sound financially, out of debt and with a little balance in the treasury. Dr. H. Taylor was present and called on to read a paper he had been requested to prepare, setting forth our origin, growth and system of practice, for the Association, in conjunction with the President's address, to publish in the secular press, that the public might be better able to appreciate us as physicians and secure to us a more exalted position in society and in the ranks of the medical profession of the State. To say it was both exhaustive and eloquent, and one rightly placed before the people would have done Eclecticism untold good, would be but feebly expressing the sentiment of the few present. But after due consideration it was concluded it would be an injustice for so few to incur the expense of its publication to benefit so many indifferent and stay-at-home Eclectics.

Our President did not wish to read his address before so few (I wished him to revise it for next meeting, and incorporate a clause showing up non-working Eclectics of the State in their true light). After some consideration and consultation with the few present, it was deemed advisable to confer with Eclectics over the State, and if a sufficient number manifested a willingness to be present to give it color, to have a called meeting in Dallas some time during the State Fair, at which time railroad rates will be cut one-half or more; and Dr. Aldrich kindly offered his office to meet in; and with the knowledge of seeing the products of this great State without additional cost, together with some important business that should be attended to before the next Legislature convenes. I say, if the matter is of sufficient interest to you to bring you out, please address either the President, J. R. Johnson, Cotton Gin, or myself, Paris, Texas, and the time will be agreed upon, and give me a meeting to report in which I can spread across its face a smile and through its lines a vein of humor, and give it a color that will dazzle the eyes both of the members of the Legislature and the old-school doctors.

Yours fraternally,

J. R. KLYCE, M. D., Secretary, Paris, Texas.

**FIFTEENTH ANNUAL SESSION PENNSYLVANIA E. M. SOCIETY.—**  
*Tuesday, May 20th, 2 p. m.* Society called to order by the President, G. D. Kughler, M. D., of Greenville.\* Drs. John Osborn, of Homestead; Wm. Osborn, of Industry; W. H. Gordon, of Johnstown; and Winter O. Keffer, of Williams Grove, were elected members. Letters of regret were read from Dr. W. P. Biles, of Union City, who was severely burned some time ago, and P. J. Stouffer, of Pittsburg. Dr. Borland announced the death of Dr. I. C. Feather, of Sandy Lake, and suitable resolutions were adopted. A resolution of sympathy was passed in the case of Dr. Biles.

Officers for the ensuing year were elected as follows: President, J. M. Harding, M. D., Oil City; 1st Vice President, John Kaye, M. D., Philadelphia; 2nd Vice President, Wm. S. Mott, M. D., Bigler; Recording Secretary, Geo. E. Potter, M. D., Johnstown; Corresponding Secretary, J. R. Borland, M. D., Franklin; Consulting Surgeon, L. P. O'Neal, M. D., Mechanicsburg; Treasurer, B. L. Yeagley, M. D., Johnstown. The Association elected as Committee on Medical Legislation: Drs. H. P. Piper, L. T. Beam, L. P. O'Neale, Henry Yeagley and J. M. Harding. At the evening session the officers-elect were installed and various matters of interest pertinent to Eclecticism were discussed.

*Wednesday's Session.* Dr. Bush J. MacHenry, of Dushore, was duly elected a member. A paper from Dr. MacHenry on Reflex Neurosis associated with Dental Pathology was read and referred to the publication committee. The Committee on Resolutions reported as follows:

To the Eclectic Medical Profession of Pennsylvania:

Whereas, It is manifest that renewed efforts to secure further restrictive medical legislation will be made in this State by the members of the Old School System of Medicine, by falsely assuming to revise or amend the present unjust registration law, or to provide a State Board of Medical Examiners, yet in fact whose real object will be to frame such measures as will prevent any persons engaging in the practice of medicine in the State unless they shall have attended some medical college under the control of the old-school system of medicine; therefore,

Resolved, That the creation of such a Board would practically establish a permanent and powerful medical monopoly of the licensing franchise under the immediate control of one school of medicine, thereby constituting an exceeding objectionable form of class legislation.

Resolved, That the consciousness of the possession of the power thereby vested in the representatives of the dominant school would, whether intended or not, operate as a constant menace upon the less numerous school, would tend to strengthen the majority, and would prove constantly detrimental to the growth and permanence of the schools represented by the minority.

Resolved, that the unequal representation therein provided for would be considered a mark of degradation and subserviency and seeks to stamp the minority schools with a perpetual brand of inferiority, and that unequal representation of the different schools of medicine in a single Examining Board would place a premium upon favoritism.

Resolved, That the functions of an Examining Board being administrative, the basis of representation therein of the different schools should in justice be equal, in order that the judicial powers of any one school may not be greater than those of another.

Resolved, That on account of the antagonism, rivalry and jealousy existing between the different branches of the medical profession, one school ought not by any means be clothed with arbitrary and irresponsible power.

Resolved, That as a school of medicine, the Eclectic is opposed to all forms of class and restrictive medical legislation, and holds that the interests of the public health will be best conserved by allowing each school in medicine to inquire into the conduct of its members, and that it will not consent to the passage of a law creating a single Board of Examiners. If a law must and will be passed, then it is demanded that the bill authorize the appointment of State Boards of Medical Examiners by the respective State Medical Societies of the three legally recognized schools of medicine by which each school is provided with its own examining board.

Resolved, That this Association or the school it represents is not antagonistic to just and equitable medical legislation having for its object the promotion of public interests, but it will actively oppose the formation of a single State examining board on account of reasons given in the foregoing, and on account of the fact that this constitutes a part of a systematic plan devised recently by the Old School Medical Convention at Cincinnati for practically placing the management of medical affairs, as far as possible throughout the country, under direct control of one school of medical men; that this pernicious system of restrictive medical legislation has to an extent been attempted by registration laws in several States of this Union; and that it is deemed anti-American and which must be met by the most determined opposition on the part of all who desire to promote entire liberty of opinion and freedom of action among educated medical men.

On motion, adjourned to meet at Pittsburg, Pa., at the call of the Executive Committee.

G. E. POTTER, M. D., *Secy.*



## SELECTIONS.

## THE PRIMARY AND SECONDARY ACTION OF DRUGS.

BY BOARDMAN REED, M. D.

[CONTINUED FROM PAGE 260.]

*Veratrum Preparations.* These include *Veratrum Sabadilla*, which yields the well-known alkaloid Veratrine; *Veratrum Viride*, which contains Jervine and Veratroidine; the latter held by some to be identical with Veratrine, and *Veratrum Album*. Concerning the alkaloids of the last named there has been much dispute, but it is now pretty well settled that one of them is identical with Jervine, and the other Veratralbine, very similar, at least, to Veratrine. All of these alkaloids in full doses are powerful depressors of the circulation, as well as of various parts of the nervous system. Veratrine ultimately paralyses completely the muscles themselves by a direct action, but in small and even in moderate doses stimulates them, producing a peculiar spasmodic condition. All the observers concur in bearing witness to this fact. Most of them also agree that after small doses, and primarily after moderate doses, there is an increase in the force of the cardiac pulsations, to be followed ultimately, when the drug is pushed, by a weakened pulse. The elaborate articles on this drug by Nothnagel and Rossbach, Husemann, Harnack, Wood and various others, are in substantial accord so far. Many observers have noted that Veratrine primarily stimulates the peripheral ends of the pneumogastrics, in both the heart and lungs, later paralysing them. Referring to the closely related, if not identical, alkaloid of *Veratrum Viride*, Horatio C. Wood says: "Evidently large doses of Veratroidine paralyse the cardiac inhibitory apparatus, while small ones stimulate it intensely. The paralysis is certainly peripheral; whether the stimulation is centric or peripheral has not yet been determined." Brunton says (*Pharmacology, etc.* p. 1046) of Veratroidine: "It stimulates the vagus centre, and paralyses the vagus ends. It depresses the spinal cord, and paralyses the respiratory centre, but increases the excitability of the vaso-motor centre. At first it slows the pulse, and lowers the blood-pressure. Next the pulsations become very powerful, though still slow, and the blood-pressure rises to normal. Then the pulse becomes very rapid, and

the pressure rises greatly. This rise is, however, not due to the direct action of the drug, but to stimulation of the vaso-motor centre by asphyxial blood from paralysis of the respiration. If artificial respiration be kept up, Veratroidine steadily lessens both pulse-rate and blood-pressure." This apparently conflicting and confusing array of phenomena contains emphatic testimony to two main points: (1) that the alkaloid among its early effects causes powerful and slow (*i.e.* Digitalis-like) pulsations, and (2), finally, if asphyxia and its disturbing effect are prevented by artificial respiration, it steadily lessens both pulse-rate and blood-pressure."

Yet more pointed testimony is borne by Brunton as to the primary stimulant action of Veratrine. On page 1048 he says: "Muscles previously exhausted by over-exertion have their powers restored by Veratrine." "Motor nerves have their excitability increased at first; afterward their peripheral ends are paralysed. Sensory nerves have their peripheral ends first stimulated (causing pricking, &c.) and then paralysed. \* \* \* \* In mammals, small doses injected into the circulation quicken the pulse and raise the blood-pressure; moderate and large doses slow the heart and lower the blood-pressure. Small doses quicken the respiration; large ones slow it, producing long pauses like those which occur after section of the vagi, and finally paralyse it. These effects are probably due to stimulation at first, and afterward to paralysis of the ends of the vagus in the lung, and to paralysis of the respiratory centre."

*Aconite.* The Monkshood is, in full doses, a potent depressor and ultimate paralyser of the circulation, and of both the sensory and motor nerves. Locally it shows its primary irritant effect by producing first tingling and other more or less painful sensations, amounting sometimes to severe neuralgia, and secondarily numbness and anæsthesia. Internally, in small doses, according to the testimony of many observers, it first stimulates both the cardiac branch of the pneumogastric and the motor ganglia within the heart, causing slower and stronger pulsations, and ultimately paralyses both. In the experiments of Laborde and Duquesnel, according to Horatio C. Wood, "the cardiac beats were at first rendered very slow but very full and forcible, and afterwards became very rapid and very feeble." Various observers have noted also primary stimulation of all the nerve-tracts which are later paralysed, including the motor centres in the cord, and the vaso-motor and re-

spiratory centres. There are denials and counter-statements as to some of these effects, and, indeed, Wood questions whether or not the vaso-motor system is affected at all by Aconite; but there is ample testimony to show that Aconite is no exception to the general principle enunciated by Schultz and Peiper, that all the paralyzing agents primarily stimulate. Mackenzie affirms, according to Wood, "that Aconitia has a primary stimulant effect upon the motor nerves, and causes at first a distinct augmentation in the irritability both of nerve and of muscle." The same observer held that the severe convulsions noticed in frogs after small quantities of Aconite are due to stimulation of the cord and the spinal motor tract. Wood also quotes M. Guillaud as affirming a "primary stimulant spinal action." Those who desire to study further the various effects of this interesting drug should consult the elaborate articles on it by Husemann, Hilger and Husemann, Harnack, Horatio C. Wood, Brunton, and others.

*Opium.* The preparations of Opium are now reckoned as chief among the sedatives. But the time was when they were strongly claimed as stimulants. In the article on *Opium*, in Parr's *Medical Dictionary*, a work which was an authority in the beginning of the present century, we find the following: The effects of Opium on the living body have been represented in very opposite and contradictory terms. It has been keenly disputed whether it is stimulant or sedative." Every physician of experience now recognises that it is the small or moderate doses of opiates that stimulate, and that full doses, while they may exert a transient stimulant action, finally produce narcosis. Moderate doses in man constipate; while the experiments of Harley and others show that very large doses nearly always purge dogs and horses. So also half a grain of Morphine administered to a man daily for a number of days usually in the end relaxes the bowels. Every surgeon who has attempted after operations to keep the bowels of his patient locked up for an entire week, must have made the discovery that he can rarely accomplish the result with Opium alone. In such cases, notwithstanding restricted diet, perfect rest in bed, and full doses of Opium daily, there are apt to be relaxed movements before the end of the week unless powerful astringents are added to the Opium. If the fact were more generally known that the opiates pushed too long may finally exert

a laxative action, the mortality among children from entero-colitis would be greatly diminished.

*Ether and Chloroform.* These representative anæsthetics find their chief employment in producing the greatest amount of sedation compatible with life; therefore they may be properly considered here among the so-called sedatives. But they are both closely related to Alcohol, the drug most frequently employed as a stimulant. Indeed Ether has such remarkable stimulant powers as to cause it to be preferred over Alcohol in cases where a very prompt effect is required. I shall not waste space with citations in proof of this familiar fact. Concerning Chloroform, Nothnagel and Rossbach in the German edition of their *Materia Medica* (Berlin, 1884) testify (p. 384) as follows;—"The effects of Alcohol and Chloroform qualitatively stand very near each other. The effect of the latter comes on more rapidly, is more intense, and ceases sooner than that of the former, on account of the greater volatility and more rapid absorption and elimination of Chloroform. \* \* \* The intoxication, like that of Alcohol, may be divided into two stages, that of excitation and that of paralysis, both of which are of varying duration and intensity according to the individuality."

There could scarcely be more emphatic testimony to the fact that Chloroform, like Alcohol, primarily stimulates, and the intelligent reader shall not be insulted by being asked to consider further evidence from Brunton, Phillips, and all the authors on the subject, to the fact that the anæsthetics can stimulate as well as paralyse.

Indeed the problem with me has been to know how far to proceed with this work of proving that drug after drug has a twofold action. It is not practicable within the limits of a single paper to go through the entire *Materia Medica*, though if this were done the demonstration would only be the more conclusive.

GENERAL CONCLUSIONS.—Enough proofs have now been adduced to show that at least a number of the most prominent sedatives have in some of their doses a primary stimulant action. I have investigated a large number of others and find so far no exceptions to the induction of Schultz and Peiper, that all paralysing agents primarily stimulate. It is not a very violent assumption therefore to infer that Schultz and Peiper, as well as Stillé, enunciated true principles.

Thus it may be considered established that the drugs which are

vaguely, and not very scientifically, classed as stimulants and sedatives are all capable of exerting in different doses both stimulant and sedative effects. With each of them the one action may markedly predominate over the other, and thus afford some ground for their usual classification.

The truth about the action of both these classes of drugs is probably as follows:—

(1) A relatively small dose always at first stimulates the parts (nerve-centres, nerves, glands, muscles, membranes, or other tissues) which the drug specially affects.

(2) A sufficiently large dose always finally paralyses the parts which the drug specially affects.

(3) A moderate or medium dose may first stimulate and afterward depress, finally paralysing if repeated often enough.

The same principles doubtless hold good with regard to the other drugs imperfectly classified, according to some of the most conspicuous effects of their physiological doses, as emetics, purgatives, expectorants, diuretics, etc., or still more irrationally classed from some of their small-dose effects as alteratives. At all events, so far as my investigations have gone, there is always to be found a relatively small dose which will produce an effect opposite to that of the toxic dose. This is notably true of the purgatives, two of which, Rhubarb and Castor Oil, have long been used, both by the profession and in domestic practice, for the cure of diarrhœa. If we would study carefully the peculiarities of the other medicines whose physiological effect is to purge, we might greatly add to our present power over obstinate, and especially chronic, fluxes from the bowels.

These truths if clearly demonstrated are highly important, and merit attention. They are not new, but have been recognised and either hinted at or enunciated in a more or less complete form by numerous authors, including some eminent pharmacologists.

Bartholow, in the preface to the second edition of his *Therapeutics*, wrote: "The author has a strong conviction that in the future of therapeutics the law or principal of physiological antagonism must play an important *role*."

Burness and Mavor, the latter a prominent English veterinary surgeon, joined in the authorship of a book published in London in 1874 entitled, *The Specific Action of Drugs on the Healthy System: an Index to their Therapeutic value as deduced from Experiments on*

*Man and Animals.* This little known work, an uncut copy of which I recently discovered in the library of the Surgeon-General's office at Washington, D. C., has for its central idea the double action of medicines. The following is from the author's introduction: "Allusion is made to the fact that each substance exerts a twofold action upon the same parts according to the quantity taken and the state of the part—one its physiological action, another which, for want of a better name, may be called its restorative action—and it is indicated were it is advisable to use an agent in physiological or in restorative doses."

Another Englishman, Dr. Wm. Sharp, F.R.S., who at one time went off into homœopathy, has ended by setting up an exclusive and ambitious system of his own, which he bases upon the fact of the double action of medicines, and denominates "Antipraxy." Dr. Sharp says of himself in substance that he has been for thirty years groping through "the dark tunnel of homœopathy" to emerge finally into the bright light of Antipraxy. But he apparently rejected altogether the use of remedies in their physiological doses, as well as the indispensable auxiliaries of regular medicine, and, in short, appears to be very much of a sectarian.

Dr. Lauder Brunton, in his recent elaborate work on pharmacology, in discussing the double action of medicines, says: "This opposite action of large and small doses seems to be the basis of truth on which the doctrine of homœopathy is founded," and then proceeds to expose some of the fallacies of the Hahnemannian sect.

It is scarcely worth while to turn aside here to demonstrate that the acceptance of the principle of the double action of medicines lends no support to the theories of homœopathy, even through such principle explains the occasional efficacy of some of its small doses as a result of "physiological antagonism," a far more accurate and scientific explanation than the ancient and illogical doctrine of *similia similibus curantur*, which was revamped by Hahnemann, and along with the yet more irrational theories of dynamisation and *Psora* made the basis of a pretended new school of medicine.

The practical physicians who, caring little for theories, have waded through this, to them, possibly tedious mass of pharmacological details in the hope of gathering some useful suggestions for their bedside work, may well ask of what avail will it be to us or our patients to have it indisputably established that medicines

possess two opposite or antagonistic actions, either of which may be curative? The writer can only answer here that it will avail much, and that if they will re-study their *Materia Medica* with this principle constantly in view, their power of curing disease will be largely increased; and the danger that their patients may be injured by those two-edged swords which we call "remedies," and wield with never too much knowledge or skill, will be vastly lessened.

*Report of an Illustrative Case.* Though this paper has already far exceeded the length intended, it may be well to append the report of an illustrative case in which a knowledge of the double action of medicines helped to save a human life.

Early in August, 1886, before the underground sewerage had been generally introduced into the hotels at this resort (Atlantic City), a girl of thirteen developed a violent attack of typhoid fever. Before the end of the first week the child lay in a stupor, with bowels moving involuntarily a dozen or more times a day. Dr. Julius Kaemmerer, lately of Philadelphia, a physician of great experience and ability, was associated with me in the case. The outlook for the child having become very bad, a distinguished consultant was called from Philadelphia. The usual astringents, Bismuth, Opium, and even Lead, were given persistently without effect. Another consultant from the same city, a gentleman of the highest eminence and of world-wide reputation, was now sent for to see the girl. Other astringents were tried in the hope of checking the exceedingly profuse diarrhoea which was fast exhausting her, but all to no avail. Our consultants made but one visit each, returning afterward to Philadelphia, and so had little opportunity to display their undoubted skill and fertility of resource. The case was now desperate in the extreme, and we had scarcely a hope that death could be averted. At this juncture the writer recalled some fortunate experiences with comparative small doses of Podophyllin in severe diarrhoea. It was remembered that Podophyllin specially affects the small intestine, the part in which the most characteristic pathological changes are found in enteric fever, and since Dr. Austie's experiments, quoted by Professor Ringer, showed that the drug in large doses caused intense congestion and even ulceration of the small intestines it was believed that a suitable dose should exert an oppositive or restorative action upon the same part. Dr.

Kaemmerer, though not acquainted with such a use of the drug, willingly consented to the trial, since we had pretty well exhausted all the usual measures, and indeed the patient's stomach had become irritable, so that she could retain but little of anything. Then, stopping all other medicines, we administered  $\frac{1}{120}$ th of a grain of Podophyllin with a little sugar every third hour. After the third dose a marked improvement set in. The discharge from the bowels was rapidly checked, until within twenty-four hours the stools almost entirely ceased, and my colleague even expressed the apprehension that the medicine might prove too astringent.

The effect upon the temperature, which had been ranging between  $103^{\circ}$  and  $104^{\circ}$  to  $104.5^{\circ}$  Fahr., was quite as extraordinary. Quinine had been used at an earlier stage with little effect, and fairly full doses of Antipyrin produced absolutely no favorable impression, though we had neither of us seen it fail before. But coincidentally with the correction of the diarrhoea, after beginning Podophyllin, there was a marked decline in the temperature, amounting at first to about two degrees in twenty-four hours. The subsequent treatment was mainly of a supporting character with occasional remedies for a pulmonary complication, which at times gave trouble, and the improvement, with the exception of such complication, thenceforth went on steadily till the temperature reached the normal.

After the temperature had remained normal for a week, there occurred on the 15th of September a relapse, the temperature rising on the 16th to  $105.4^{\circ}$ , higher than at any time before. There was again frequent involuntary stools, with yet more profound adynamia, as well as delirium and stupor. Podophyllin was again tried in the same doses, and now failed. We then resorted to Fowler's Solution in doses of  $\frac{1}{4}$ th of a drop every two hours. Since Arsenic, in full doses, produces a violent choleraic condition, probably by paralysis of the vaso-motor nerve supplying the stomach and intestinal tract, it was reasoned that small doses should exert an opposite, *i. e.*, a tonic or restorative, action upon the same tract. The effect was as prompt and satisfactory as had been that of the Podophyllin in the former attack. The bowels were speedily checked, the temperature rapidly fell, touching the normal again by September 23rd. Thenceforward convalescence was uninterrupted, very little other medicine being given.—*Practitioner.*



**MEDICAL AND SURGICAL ITEMS.**

**BACTERIA.**—It is not absolutely settled as to whether germs are the products of disease or whether they are the producers of disease. Some investigators are of the opinion that each disease must have its peculiar germ. Carpenter believed that the same germ might become altered and produce various diseases; that the innocent hay bacillus may undergo such an alteration in type as to become the germ of severe disease.

**PERSISTENT HICCOUGH CURED BY SUBCUTANEOUS INJECTIONS OF PILOCARPIN.**—Dr. Ruhdorfer, of Götzendorf, relates the history of a girl nineteen years of age who, for three months, suffered from an obstinate hiccough. All kinds of sedatives were employed in vain. Subcutaneous injections of Pilocarpin, gr. ss. ℥ xv. of water, finally gave relief. Stadler has reported a similar case cured by the same means.—*Med. Record.*

**EUCALYPTUS IN PULMONARY GANGRENE.**—Dr. Bonamy, of Nantes, reports an interesting case of pulmonary gangrene in a patient, æt. fifty, who came into the hospital on October 15, 1882. There were fever and dyspnoea, mucous râles in both lungs, but especially in the left; feeble pulse, and the well-known gangrenous odor, so intense that the patient had to be placed in a separate room. The sputum was composed of blackish nodules. There was a great deal of cough which increased the intensely disagreeable odor of the breath. After trying a carbolic-acid mixture for two days and finding no improvement in any symptom, Dr. Bonamy prescribed the following: Alcoholate of Eucalyptus, ℥xxx; sweetened water, f 3 iij; Syrup of Poppies, f 3 v; Quinine being given at the same time. On November 6th, twenty-two days after the patient was first seen, the bad symptoms had almost entirely disappeared.—*Med. News.*

**VARICOCELE—INTERVENOUS INJECTIONS OF ALCOHOL.**—Kransfeld describes (*Vrach. Vedom.*, No. 540, 1882) a simple and easy method of treating varicocele, which had been successfully practised in seven patients by Dr. G. T. Dukhnovsky, of the Odessa Military Hospital. The method consists in injections of eighty-five to ninety per cent. Alcohol into the subcutaneous cellular tissue surrounding

the spermatic veins. The needle of a Pravaz's syringe is introduced under the skin at any point facing the dilated veins, and is brought, with the help of the operator's left hand, as nearly as possible to the diseased vessels; then the syringe is slowly emptied. The injection causes only moderate burning pain, lasting from half an hour to three hours. On the next day after the operation there appears a considerable, but almost painless, swelling of the parts, which is at first soft, then becomes more tense. The injections are repeated at three or four days' intervals, from three to ten times, according to the demands of the case. Finally, the spermatic veins are transformed into thin, hard cords. In all the seven patients of Dr. Dukhnovsky cure was complete (at least the patients remain quite well as yet). The same method proved equally efficacious in two cases of dilated veins of the leg.—*London Med. Record.*

DIABETES MELLITUS — BROMIDE OF ARSENIC. — Solution of Bromide of Arsenic is to be given in doses of one drop in a glassful of water. This dose is gradually increased to three drops three times a day, always in the same amount of water. The urine is to be constantly examined. When the amount of sugar is decreased, as usually happens in about fourteen days, then decrease the Arsenic to a one-drop dose again. This can be kept up for years. Extreme attention need not be paid to the diet, but ordinary care as regards acids, starchy and sweet food should be taken. The greatest enemy of the diabetic is bad air—the air of chambers. Fresh air is most essential.—*Med. Record.*

CONSTIPATION, HABITUAL.—GLYCERINE.—Dr. J. Althaus says an effectual way of inducing peristaltic action of the bowels, which has recently been discovered, should be brought to the knowledge of the profession generally. This consists of the injection into the rectum, by means of an ordinary glass syringe, of about half a teaspoonful or a tablespoonful of Glycerine.

The fact that Glycerine thus used causes a ready action of the bowels was apparently discovered by a Dutch physician, Dr. Oidtmann, of Maastricht, who, however, deprived himself, at least to a great extent, of the credit of this discovery by advertising it as a nostrum in several medical journals. Dr. Anacker, of Château-Salins, who purchased the specific and found it to answer the pur-

pose well, took the trouble to analyse the fluid supplied by Oidtman for such injections, and found it to consist principally of Glycerine, to which a small quantity of a preparation of Conium and a Sodium Salt had been added. Dr. Anacker found that Glycerine alone, without Conium or the Sodium Salt, had exactly the same effect as Oidtman's mixture.

The larger the accumulation of fæces, the greater is the effect. There is no discomfort or pain, but the action takes place *cito, tuto et jucunde*. Sometimes, however, a little throbbing is felt in the rectum for a few minutes afterwards.—*Botanic Practitioner, Eng.*

GONORRHOEAL EPIDIDYMITIS—SALICYLATES.—Dr. Henderson reports the successful use of Salicylate of Sodium in three cases of this affection. In conclusion, he says: "In further trials of this plan of treatment, I would advise that only acute cases be selected, the evidence of that condition being a distinct rise of temperature as ascertained by the thermometer. The dose of the salt should not be less than twenty grains, and should be repeated hourly until at least three doses are taken; afterward the same dose may be continued at longer intervals.—*Lancet.*

INGROWING TOE NAIL.—Dr. John H. Thompson, (*N. Y. Med. Times*), gives a means of treatment differing from the usual means and which he thinks quite efficacious in onychia. The first thing to do in a case where there is suppuration is to gently wipe away as much of the discharge as possible with a little absorbent cotton tucked between the nail and overlapping skin with the flat end of a silver probe, not causing the patient too much pain, as it is not important to wipe it dry; then pack in some *very finely powdered* Red Precipitate of Mercury. Cover the toe with a film of cotton or thin piece of old muslin and bandage tightly. In bad cases of long standing, or where there is much suppuration, this dressing must be repeated every day, each time removing the portions of the powder and discharge which are caked together; wipe out the pus again and apply a fresh supply of the powder. Soon it will be seen that the edges of the skin which has grown up on the nail has become dry and shrivelled. This should be peeled off or cut with scissors and in this way the abnormal growth will soon be reduced. When the nail grows out it should be cut squarely.

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E. YOUNKIN, M. D.,

EDITOR AND PUBLISHER.

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## SPECIAL CONTRIBUTORS:

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## EDITORIAL.

### OUR VISIT TO THE NATIONAL.

We have just returned from Detroit, where the eighteenth annual meeting of the National Eclectic Medical Association has been held. Our time has been most pleasantly and profitably spent. There was a good attendance, and we once more enjoyed the greetings of old acquaintances and the fellowship of the veterans and war horses of this body of physicians and surgeons. It does us good to break away from the constant routine of daily turmoil to drink in the lake breezes and mingle with the discussions, the objects of which are the upbuilding of medical science and to strengthen the stakes of Eclectic medicine.

The meeting was convened at the appointed hour, and opened up with the usual preliminary ceremonies. An address of welcome was given by the Mayor of Detroit and also from Dr. W. J. Bell, President of the Michigan State Society. This was followed by a response from Secretary Wilder with his usual style and vigor. President Durham's address was one worthy of much consideration, full of sound advice touching the principal points concerning the present and future of our branch of the profession. We may present this speech to our readers in the next issue of this JOURNAL. We cannot even make mention of the many papers read before the Association, and the many that were referred by title to the work of publication. These will form a volume of, perhaps, four or five hundred pages, to which every member who has paid his dues will be entitled.

On the status of Eclectic medicine in the different States, reports were made showing the constant increase, growth and development of the principles of this school of medicine. Under this head there comes up usually the exposure of Allopathic intrigue in their attempts to legislate themselves *in* and to legislate *out* everything but their own particular school. This, of course, calls forth much invective, which sometimes may lead a silly reporter to conclude that the National is made up by a set of fighting cocks, whose business it is to inveigh against old school medicine. Pennsylvania, for instance, has a law which was pulled through by men designing to oppress graduates of the new school. While such a thing is an annoyance, it cannot stand long. It may necessitate a memorialization or the trial of a test case; but as sure as the sun shines this country will not long tolerate such an oppression upon an intelligent, qualified and respectable class of the medical profession; and finally such acts will only redound to the good of the oppressed. Such things are only to teach us the necessity of greater organization. While the National Eclectic Medical Association is in favor of legislative enactments that are for the good of all, it bitterly protests against what is termed *class* legislation, or even to be led by other schools of medicine. The day is not far distant when this body (the National) shall determine for its own school the "standard of medical education," the term "good standing" as applied to our colleges, and what shall constitute the curriculum of study

in order to constitute a college in good standing. These are questions for each school to determine for themselves. Then let each one vie with its neighbor, and if inferior in its standard, let such die from inanition. The National holds that whatever others can do in these particulars it can do through its own work and the work of its State societies. A Committee on Legislation has been appointed, and this committee will confer with the same kind of committees appointed by the State Societies, and hereafter we may expect such matters to take some tangible form, and thus do away to a great extent with the great amount of wrangle upon this subject.

In the "Arena of Debate" several important topics were discussed.

Mrs. Dr. H. K. Morris, of Illinois, read a part of her paper on the subject of "Why Physicians Should be Liberally Educated." She counseled her sister physicians to be independent, and not mind any little narrow-minded 5x2 man who refused to extend them the hand of professional fellowship. This sentiment was heartily applauded by the ladies, and the men felt behooved to join and make the shot strike lightly.

Dr. E. Younkin, on the "Possibilities of Uniting the Several Schools of Medicine," advised the members that they might spend the time of the association more profitably to themselves, if they did not spend it in hauling other medical schools over the coals and abusing them. He asserted that eclectic medicine had acquired a standard and recognized position, and the association could better maintain its dignity by going ahead with the transaction of its business and the peaceful discussion of its topics.

Dr. G. Potter, of Pennsylvania, reading from manuscript on the same subject, said that he saw no reason why the eclectics should not stand as a separate scientific body. They had their share of shining lights. Unity of schools meant the blotting out of all schools in one, and he considered that that would be a blight. If a union were brought about, there would still be allopaths, homeopaths and eclectics, and there would still be bickerings and differences. Let all stand on their merits. Union would be a downfall and a curse.

Dr. H. S. McMaster, of Michigan, said there are but two ways of uniting the schools. One the lion and the lamb method and the Eclectics would be the lamb. The Province of Ontario once had

numerous Eclectic physicians. Was there an Eclectic physician in Ontario now? He asked if there was a physician present who knew of one. There was no response. The other way of reaching unison was for the dominant school of practice to abrogate its code of ethics, and they must come to them. Would this be done? The speaker did not think it likely. Eclectics all over the State were paying for the maintainance of the Michigan State University, yet they had no representation or privileges in it.

A Paper read by Professor Jay, on "Abdominal Surgery," elicited considerable discussion.

Dr. Munn offered a resolution expressive of the service of the Association in the event of a prosecution of any regularly qualified physician, under any of the discriminating registry laws now in force in any State, that this Association will render proper assistance to defend and press such suit to a hearing and final determination.

An able address on "Surgical Emergencies," by Dr. L. E. Russell, was made, treating mostly on railroad and allied injuries, and the most approved manner of procedure in the same.

At 11 o'clock, Friday, the Electoral College convened and the report of its deliberation was as follows: For President, Milton Jay, Ill.; for First Vice-President, V. A. Baker, Mich.; for Second Vice-President, J. W. McGrath, Ga.; for Third Vice-President, W. A. Montgomery, Tenn.; for Secretary, A. Wilder, N. J.; for Treasurer, James Anton, O. The next place of meeting is Nashville, Tenn.

At 2 o'clock the convention members took passage on board Steamer kindly provided by Messrs. Parke, Davis & Co., and visited the extensive Pharmacal establishment belonging to that firm, whose employees did everything to subserve the interests of the visitors.

Our space bids us cease any further account of the proceedings of this body. I am free to say that by and through our Associations, local, state and national, we can only hope to obtain a standing and position in the medical profession; and the day is not far distant when every physician will feel that for his own good and for the good of his own cause, he must be a member of these organizations.

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NOTES AND PERSONALS have been crowded out of this issue.

**COMMENCEMENT EXERCISES OF THE AMERICAN MEDICAL COLLEGE.—NEW BUILDING.  
THE ANNOUNCEMENT FOR FUTURE SESSIONS.**

The graduating exercises of the American Medical College took place in the College Hall, June 1st. Owing to the great excitement from the Democratic Convention it was thought best to close the session a few days earlier than had been previously announced. Hence the final examination was made and the class was convened June the first, at 3 o'clock p. m. The report of the College year was made. The outlook for the future sessions was declared more flattering than any of the previous years.

Dr. Geo. C. Pitzer, in the absence of the President, N. C. Hudson, conferred the degrees upon Jacob L. Davis, John H. Nolte, William R. Carlisle, Pitzer A. Spain, Laura L. Randolph, Antonia Anticevic, Lewis Lee, Joseph B. Puckett, Elisha C. Pace, George A. Purseley, William D. Jones, J. Rollin Moore, Joseph R. Redman, and H. L. Henderson. Mrs. Laura L. Randolph, the first female graduate from this institution, now delivered a fitting valedictory address upon the part of the class. This lady is held in high esteem by the class and her numerous friends of St. Louis, and she shared richly in beautiful floral offerings with others who had achieved the honors of the institution. Professor Younkin delivered the parting address to the class, which address may be read in this issue of the JOURNAL.

**NEW BUILDING.**—The Board of Trustees, Faculty and stockholders have determined to erect a new college building and have it ready for occupancy by the first Monday in September next, when the winter session will begin. The place hitherto occupied has become quite noisy on account of the improvements in the streets by granite and much traffic around it. This house had been leased for the last ten years, and the lease terminating gives an opportunity to select a more quiet retreat. A beautiful location has been selected at 407 South Jefferson Avenue, just thirteen blocks due west of the Union Depot, where a new and commodious structure is being erected and specially fitted for college work. This building will be owned and controlled by the American Medical College corporation, and the perpetuity of this College is now fixed in



greater permanency than ever before. The Faculty is also filled with a full corps of competent professors and able lecturers.

**ANNOUNCEMENT.**—The catalogue and announcement for the winter and spring sessions will appear in the near future. The prospects are most flattering; numerous students have already declared their intention to be present at the grand opening on the first Monday in September, and some have already matriculated. Those writing for announcements will have their names recorded and the announcement will be sent them as soon as out, which will be within the next thirty days. Direct to E. Younkin, Dean, 1015 Garrison Avenue, St. Louis.

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### AN ADDRESS TO THE GRADUATING CLASS OF THE AMERICAN MEDICAL COLLEGE.

Gentlemen, to-day the genius of medicine has fixed her eye and cast her mantle upon you. You have now become the guardians of her most sacred rites, and there is at once the most fearful responsibilities resting upon you. The lives of your fellow creatures will soon be placed into your care. Soon you will stand at the bedside of the sick and afflicted, as sentinels at the gateway of death, to beat back the invading foe. This is a solemn thought. This requires sober reflection. You have selected the medical profession by your own free wills. You have gained the position honorably, by a thorough course of study. You have filled the measure of requirements and passed your examinations satisfactorily. You have been diligent and faithful in your studies, and hence you are entitled to the honors you have now received.

There is a principle in the human breast that learns to appreciate and admire an object in proportion to the amount of labor bestowed. There is no position of honor obtained without labor; even the obtaining of a diploma without the necessary study would make you feel the shame and disgrace. A reputation justly distinguished by true greatness is worthy of all human effort and human existence.

Gentlemen, there are three elements which, above all others, are the essentials to professional success. These are *brains, knowledge* and *energy*.

The first of these is a natural endowment—a God-given element. Fortunately it is seldom absent. It is given as the basis for all

truth and conclusions. The second is necessary in the classification of that truth. Without knowledge the brain is in chaos, there is no dividing of the intellectual light from the intellectual darkness. The third is necessary in the *employment* of that truth. Without energy we accomplish nothing. The brain is the engine, knowledge is the fuel, and energy is the fire.

You have studied man, the noblest of creatures. You have studied him in health, as he came from the plastic hand of his maker. Physiology, biology, anatomy, and animal chemistry have conspired to give you a knowledge of primeval man. You then became prepared to study man in disease; pathological anatomy and pathological chemistry aided you in this department. You have studied man analytically and synthetically: in his *ideas, sensations, movements and secretions*. You then passed to the study of man dynamically and structurally. You have seen how a particular conformation of the physical may be associated with a corresponding mental and moral endowment. You have seen how inherited structure with external surroundings become factors, for good or for bad, in the growth and development of his being. The Romans had this maxim: *Quam quis que novit artem, in hac se exercent*. In whatever art he knows best in that let him excel. This is the secret of life—the key to professional success. If you would excel, you must become proficient; and if you would become proficient, you must work for it—you must master your subject.

The end and object of the medical profession is the *preservation of human life*, and this to all is the greatest earthly boon. Hence you who are engaged in this work, devoting your deepest attention and study, are numbered among earth's greatest benefactors.

In human affairs there is no profession nobler than ours; none which has an older growth; none that has contributed more to human comfort and advancement; none with stronger holds on human confidence; and none which promises more for the full and harmonious development of its earnest followers.

The medical profession arises from within the dim shadowy outlines of Egyptian and Indian art, and passes through the ages gathering strength in its onward march, accumulating facts until it bears a name and history that knows no superior. Men of all times, men of all countries, men of all languages have toiled and laid the foun-

dations deep and broad. It moves onward as a mighty river, gathering from the rivulets, still increasing, still collecting new contributions, so that he who now lives must work, and he who now works will live, and he who now lives will live in the future.

It is a mistaken idea that the end of college days implies a finished education. I know there is a feeling of satisfaction in your hearts as if you had run the race; but I must remind you that this is a *commencement* occasion. You have only passed the degree of childhood and now comes the degree of manhood—an ordeal more trying indeed than any through which you have passed. When Isaac the patriarch was seven years old he was weaned. The neighbors gathered in and made the occasion one of joy and hilarity. So you, instead of finishing your education, are simply torn from the bosom of your *alma mater* and sent out to climb the rugged cliffs of a professional life.

To be successful you must learn to labor and to wait, you must guard the honors with the sensitiveness and chivalry of a son.

Your excellence will be estimated by the amount of interest you take in your profession. Remember that—

“ In the tissue of life to be  
You weave in colors all your own;  
And in the fields of destiny  
You reap what you have sown.”

Look around you and observe who it is that fills the various professions with profit and honor. Yesterday they may have been the sons of poverty and toil; but by their ceaseless exertions they mounted the ladder, step by step, until they have reached the top-most round. Again and again they trimmed their midnight lamps to grapple with the difficult problems that stood in their way.

“ It takes brains and pluck to succeed now in the world.” However unpleasant it may seem, you must learn that excellency is only obtained by ceaseless exertion.

Who discovered this vast continent? Who spread our western wilds with rural homes and great cities? Who covered the vast waters with the whitened sails of busy commerce? It was the active and industrious. I am certain that the great difference among men of all callings lies in the degrees of determination. The same amount of learning and integrity, with the same opportunities,

will make one man a conqueror, another a failure. Who fill the list of paupers and dead-beats? Who inhabit the prison dens and houses of vice and crime? The indolent and those who have no fixed purpose in life. They had the same chances as others who have carried off the prizes. But it takes nerve, vim, perseverance and pluck to win a great prize. The young man who goes into a profession without this pluck will not earn the salt to his porridge. He may drag his slow length along, but he will always be unlucky. All the learning in the world will be of little use without push, stamina, vigor, courage, resolution, will and determination.

Mind is immortal! mind is imperial! It bears no marks of high or low—of rich or poor. It heeds no bounds, of time, of place, or rank, or circumstances. It asks but freedom. It requires but action. Poverty cannot repress it and difficulties do but stimulate it. The poor boy that sits up all night to read his borrowed book shall stand and treat with kings, shall add new provinces to the domains of science, shall bind the lightning with a hempen cord and bring it harmless to the ground! Yes, on that kite, when the city, yonder on the Delaware, upon which it that day looked down, shall be known only by its ruins—will be read in history, as it waves high in mid-air, in blazing letters, the name of Benjamin Franklin. It was pluck which developed his noble, manly, mental and physical proportions, which enabled him to stand and defend his claims and dearest rights.

In medicine it is brains, knowledge and energy. If you lack the latter you will become despondent and will finally die a dead-beat or a medical tramp. It is often asked why do doctors differ? I want to remind you that while we have many minds in medicine, we are allowed to differ in mind, as in religion and politics. It is quite unreasonable for the public to ask, "Why do doctors differ?" when they know how it is themselves in religion and politics. Sects we have in medicine, but sects prove a common center. I do not think it exactly right to have sects in politics, in religion or in medicine. But how are we going to help it? Because there are differences in politics, would you throw politics to the dogs? Because people differ in religion, does that prove there is no God? Because there are divers schools of medicine, would you abandon the profession, or when sick refuse to take medicine? Now the facts are,

people need not be confused about schools of medicine. Virtually we have but two classes of doctors, and it is pretty easy to draw the lines. These are the *crystallized* and *progressive* classes. The terms *allopathic*, *homeopathic* and *eclectic* do not fairly draw the distinctive lines, for we have allopaths who give homeopathic globules of sugar (to amuse of course); and we have homeopaths who give calomel and follow it up with castor oil (to amuse of course); and we have eclectics who will mix the oil and sugar and give both at one dose. The distinctive lines between these schools of medicine are well nigh obliterated, and I hail the day that shall bring this crisis to its ultimate completion. The walls to-day are only paper, and very thin at that. The words *regular* and *irregular* are but little better, for some of the regulars are very irregular, and many of the irregulars are just as regular as the more pretentious. Hence, we imagine that the medical profession might be more clearly defined by the *crystallized* and *progressive* classes. These may be known by their fruits.

*The crystallized class* practice as though the science of medicine is a fixed quantity; that its principles are outlined and its laws immutable; that the antiquated code of our forefathers is unchangeable and its laws infallible; that its votaries dare not add to or take from. To practice under the dominion of crystallization you are not to think for yourselves. Its government is monarchical, and its kings, like the barons of feudal times, perching themselves in their lofty castles and looking down upon the busy world below, with an eye only to protect their own dominions.

This class persecuted Harvey when he announced the circulation of the blood. They drove Jenner from his home when, by the discovery of vaccination, he redeemed the world from the thralldom of one of the most loathsome diseases that ever fell upon the human race. That same spirit, though changed in form and modified by the laws of a free country, would, if it dare, place you as the victims beneath the car of Juggernaut. They will not consult with you. You differ with them and you must not expect from them even the civilities due to a common manhood.

*The progressive class* hail with delight all new discoveries that are for the amelioration of the human race; they are not overly zealous for old theories; they believe that medicine is still capable of further improvement; they stand ready to overturn *false* theories; they will

change human laws when they do not meet the exigencies of the times. They believe in a wide field of education and liberty in the exercise of their conscience. In a few words, they believe that those who would live by the sword of tyranny and oppression, shall perish by the sword of truth and justice.

This is the battle of the schools. We would place you, gentlemen, on the side of progression. We would ask you to bow to no dogmas, to know no limits, to submit to no king but truth and justice, to thoroughly and dispassionately investigate every medicinal agent which may present to your judgment. To be trammelled by the shackles of no sect or party. To stand beneath the beaming rays of the sunlight of truth without an intervening cloud. To rise up in the dignity of your manhood, holding out your profession without predilection or prejudice, only for the true and good. In other words, to be free.

Free as the eagle, the noblest bird of Columbia. who laughs with scorn at the power displayed even by the steam engine, as he mounts aloft amid the lightnings and whirlwinds! Rising amidst the wrath of the tempest, and soars, with clapping pinions, upward and upward till his form is lost in the gloom and blackness of the storm!

The profession of medicine is not secured to any special class by "letters patent;" not to be sold by State and County rights. Had it been handed down to us on tables of stone amid the roar of thunder and the flashes of lightning, as the law was given to Moses on Sinai's smoking summit; had it been uttered by miraculous tongues, as the good news upon Pentecost; then we could afford to bow with awe to the powers that would reign over us. But the Infinite Council has determined that the medical department shall be built by the toil of all nations, of all times, of all countries, out of the earth, out of the air, out of the mineral, animal and vegetable kingdoms. So that every man that discovers a new truth, develops a new idea, finds a new drug, invents a new instrument that proves of benefit to the inflictions of human suffering, places a new stone in the medical temple.

That stone which Harvey placed in the building was at first rejected, but it moved the pillars and shook the foundations; his shoulders resting under it, he bore it aloft, and now it has become the key to the arch.

Far back in the shadowy vista of the past we see the beautiful

temple of Solomon; the trenches are dug, the foundations are laid, and the superstructure rises before our vision day by day. No sound of the hammer is heard, no axe, nor noise of any kind in the erection of the building. But away yonder in the quarries we hear the clanking chisel of the stone-cutter, and up in the mountain we hear the strokes of the axe and the crashing fall of the tall cedars of Lebanon. The temple is completed, and who are the builders?

The architect gazes with admiration on the production of his own genius; the stone-cutter looks with pride on the form and beauty he has chiseled from the rough rock; the carpenter admires the taste displayed in his work; the workmen of brass and of gold are amazed with their beautiful displays; and they all remember the lone wood cutter in the far-off hills of Lebanon. Each had a work to perform. Every department was an essential part of the building, and knowing their duties the work was done most nobly.

Gentlemen, you are now about to engage in the erection of the temple of medicine—a temple not of a single architect or of any age; not by the master-masons of any century; not by the master carpenters of any country; but of all ages, of all centuries, and of all countries. You are now to be the architects, the masons, and the carpenters.

The trenches must be dug; the stone must be quarried; the foundations must be laid; the walls must be built; the roof must be adjusted; the tower must be reared; and the spire must go up till the star upon the pinnacle, above and beyond the clouds, shall be seen by the inhabitants of all times and the citizens of every clime and country. There, too, in living sculpture may be seen those who have chiseled their own statues by their earnest toil.

Aside from Harvey and Jenner, there stands the statue of Laennec, with stethoscope in hand, the emblem of his own discovery. By his labors we are now permitted to examine the lungs with precision. The chest always had its language, but it took a Laennec to make the interpretation. The stethoscope gave us the interpretation. By the laws of acoustics that which was once dark has now become light, and the results are as definite and regular as the laws which bind atoms of our globe together and hold the planets in their orbits through their wanderings of six thousand years.

A little further on and we see the statue of Sanctoria, who gave us the thermometer, by which we determine the rise and fall of the

temperature in the human body. So accurate is this instrument that it details the difference between the various fevers and warns us many hours ahead of the portending danger, as a barometer before the arrival of a storm.

Another step brings us to Marey, who with his sphygmograph armed the pulse with a pen, so that the heart is made to tell its own ailments in language unmistakable and which we are made to understand.

Once more, and we see the name of Helmholtz, with his ophthalmoscope, looking into the dark chamber of the eye, turning it into a lighted room. By this discovery we are made to walk, as it were, into a dark chamber and with calcium light make everything brilliant, so that we can see the scarlet walls and streamlets of blood that tell of existing disease.

Time forbids us pursuing this thought further. You may never be a Harvey, a Laennec or a Helmholtz; but I want to impress you with the fact that all have some station to fill, be it high or low, and in no age have prospects been brighter than in the present.

Man, at birth, is the weakest of all creatures, but in this weakness there are bright prospects; he rises and becomes monarch of the soil and of all animal creation. Before he walks he creeps, before he creeps he struggles. To you I would, then, say: choose first the humbler stations of your profession and grow in strength as years of experience are gathering on.

“ In the quarries should you toil,  
    Make your mark;  
Do you delve within the soil,  
    Make your mark;  
In whatever path you go,  
In whatever place you stand  
Moving swift or moving slow,  
    Make your mark.  
  
Life is fleeting as a shade:  
    Make your mark.  
Marks of some kind must be made:  
    Make your mark.  
Make it while the arm is strong,  
In the golden hours of youth;  
Never, never make it wrong;  
Make it with the stamp of truth.”



**SYSTEMS IN MEDICINE.**

In the promulgation of a new theory or a new idea, is it wisdom to start a new system? It would seem to me that the answer to this question should depend on several circumstances. If the theory is sound and cannot be admitted into an old system, it then has a right to build for itself. But it being only one element with the many, and others having a right to stand, then it should be incorporated with the rest. This latter thought is the true one, and this is the only method by which the doctrines of medicine can gain the dignity of a science. It is not true, however, that every new theory must succumb to the old. If the old will not give place to the new, then the new has a right to assert its power and to implant whatever good may be found in the past.

It is said that Christ came to his own, and his own received him not. Furthermore, he says, "No man seweth a piece of new cloth on an old garment, else the new piece which filleth it up taketh away from the old and the rent is made worse." As if to say, I have not come to patch up the old Jewish Church, for if I did I would only make matters worse. Again, he says, "No man putteth new wine into old bottles, else the new wine will burst the bottles." As if to say, I have not come to put my spirit into the old system, for that would only result in disaster and destruction. Thus it is in systems of medicine—a patch of the new upon the old would only be a "rag tag" at best, and the spirit of the new being enterprising and progressive—would, if implanted in the old, only burst the gates of dogma and prejudice.

Why should the Dosimetric, with its elements of therapeutics and practice, be termed a new system? Simply because its dosage differs from the old practice. So popular has this system become that there are now over three thousand practitioners who swear by Burggraeve, and who have for their tenets medicine in small doses, mathematically measured, in the form of granules and of invariable chemical composition, for the most part consisting of the crystalized alkaloids. So far, we believe that this is a good system of therapeutics, but its elements alone are insufficient and not enough distinctive to entitle it to the name of a separate and distinct system. What is said of this could be said of many other theories that are struggling for the groundwork of a distinct system.

I believe that every medical man should occupy a plane where he would not be compelled to change his position every time a new idea strikes him; and that system that cannot accept a new element of good is too narrow, whether it be new or old. There are some men that are ever fearing that some new plan will arise that will prove disastrous to their particular platform. They are in constant fear and danger. Why not occupy ground where new theories that prove themselves worthy may be hailed as new additions to our armamentaria and store of knowledge? In this Eclecticism becomes distinctive. It is this that entitles it to a position; it is this that maintains its growth and development, a principle that can never die, a plank that cannot be moved. Though we may change from year to year, as a plant through the seasons of the year, from its sprouting in springtime to its bloom under the summer's sun, yet its groundwork remains firm throughout the cycles of time.

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### SEDATIVES.

Sedatives, like other divisions of therapeutic agents, cannot be strictly defined. A drug may exert a sedative action on a certain organ when given only in certain quantity or under certain conditions.

*Digitalis* is a vascular sedative while at the same time it is a powerful cardiac tonic. *Veratrum* is a vascular sedative in certain doses, but in more minute doses it acts as a cardiac stimulant. *Opium* may be employed either as a sedative or as a stimulant.

Sedatives may be either vascular, nervous, respiratory, gastric, urinary or local.

Vascular sedatives reduce the frequency and strength of the heart's action and diminish the volume of blood in the vessels. Some sedatives diminish the heart's action while others may increase the cardiac impulse and reduce the flow of blood in the vessels. Those having the former effect are called cardiac sedatives, and those having the latter effect are more appropriately the vascular sedatives.

Nervous sedatives are those remedies which quiet excitability of brain and spinal cord. Among these are rest, warm baths, alcoholic liquors, Tobacco, *Valerian*, *Camphor*, *Hyosciamus*, *Bromides*, *Chloral*, *Opium*, etc.

The respiratory sedatives relieve dyspnœa and quiet cough. Bel-

ladonna, Opium, Oxalate of Cerium, Quebracho and the expectorants generally are among this class of sedatives.

Gastric sedatives relieve pain and vomiting by reducing local irritation in the stomach or by a direct effect upon the vomiting center. Of these we have cold, Bismuth, Opium, Creosote, Chloroform, Atropine, Ipecac and Arsenic.

The urinary sedatives lessen pain and irritability in the bladder and kidneys. Of these we have water, Alkalies, Thymol, Belladonna, Opium, warm sitz-baths, Gelsemium, etc.

Local sedatives reduce the excitability and sensibility in the peripheral or terminal nerves. They reduce pain and itching of the skin on parts to which they are applied. Here we have Aconite, Belladonna, Opium, Chloral, Camphor, Carbolic Acid, Chloroform, Lead-water, Cocaine, ice or cold applications in the form of evaporating lotions.

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### BOOK AND PAMPHLET NOTICES.

THE PULLEY METHOD OF ADVANCING THE RECTUS. BY E. A. PRINCE, M. D., Jacksonville, Ill. A reprint.

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AN ASEPTIC ATMOSPHERE.—CLUB FOOT.—A RECTAL OBTURATOR.—PALATOPLASTY. BY DAVID PRINCE, M. D. Jacksonville, Ill.

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THE AMERICAN DERMATOLOGIST. Edited by R. St. J. Perry, Indianapolis, Ind. A monthly of 12 pages, devoted exclusively to Diseases of the Skin. 50 cents a year.

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VESICO-VAGINAL FISTULA. BY REUBEN A. VANCE, M. D., Cleveland, O. A reprint.

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PATHO-BIOLOGICAL LABORATORY. REPORTS OF SOUTHERN CATTLE PLAGUES AND YELLOW FEVER. BY FRANK S. BILLINGS, Lincoln, Neb.

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HEART AND BLOOD VESSELS IN THE YOUNG. BY A. JACOBI, M. D. Reprint.

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## ORIGINAL COMMUNICATIONS.

### PRESERVATIVE NUTRITION.

BY W. IRVING THAYER, D.D.S., M. D.

There is both a preventive and a preservative nutrition whose bearings differ somewhat from nutrition as ordinarily practiced by the common ingestion of food. Some eat to live, while many live to eat.

A great deal has been written, from time to time, giving suggestions about what varieties of food are best for general use; for the general maintenance of the body at large, but none have given any consideration to the needs of special tissues.

From a certain variety of food that has been in common vogue for the past thirty or forty years, the *petrous tissues* have become, in very many instances, but little better than frail and blackened chalky deposits, born to-day and destroyed to-morrow. The number of edentulous persons is very great, and is rapidly on the increase. No tissue of the body has been produced, and the soft tissues maintained, without appropriate nutrient matter. No tissue can, by the economy of physical law, *build*, without material matter to build with. The exact fact, why human teeth of the present generation are so very soft and friable, is that they *are* and have been *starved out of existence*.

In all the rich profusion of nature as to food, there is but one source from which appropriate material can be obtained, that can be easily digested, absorbed and appropriated, so as to insure good,

sound, strong and flint-like teeth, that will endure the common griefs of the oral cavity that reasonable time that the Almighty intended that they should do, save but from the cereal foods. From the *whole* of the grain, and not from its bolted product—from the outside of *all* of our grains—can be found the carbonate and phosphate of lime, and moderate proportions of some of the other salts—that enter into tooth composition. But the order of our civilized refinement is such that we, like prodigals, bolt out the calcareous matter, feed to the swine and cattle, and endure soft, frail and rapidly decaying teeth.

The time to commence to pack these lime salts is in and through the umbilical cord, mammary glands, or the bottle. The first should not be forgotten on account of the teeth germs commencing to form as early as the sixth week of conception. This is mainly, though not wholly, for the benefit of the temporary teeth. The temporary teeth should be retained in the arch until nature absorbs their roots and they are thrown out, for the regularity of the permanent teeth is largely dependent on the perfection of the *first* arches. The germs of the permanent teeth begin to form before birth.

If the child is fed from the best of all infant food, human milk, if in a perfect condition, the mother should supply herself with the lime salts. How, we will show later on.

There are thousands of infants dependent on some means of artificial feeding, and it may seem profitable to inquire how best to feed these little dependents.

The special committee on dietetics, at the late meeting of the American Medical Association, May 8th, 1888, came to the conclusion that: "In case of an infant under ten months of age deprived of breast milk, the artificial substitute provided should be made to correspond with human milk as closely as possible, both in its chemical composition and in its physical character."

One thing is certain, that cow's milk, unless specially treated, is *not* a good "substitute" for mother's milk. In cow's milk there is too much casein, and of too *tough* a nature for any young infant to digest easily. Water may be added which will make the aggregate of casein much less, but what there is of it is made none the easier of digestion—it is *tough, resisting* and *will remain so*, unless previously pre-digested with pancreatine. The conversion should not be complete, but partial, enough to make it more flocculent, the

same as human milk. But what mother or nurse can be found who can at all times so treat this tough casein as to obtain uniform results. Too long a time given the milk and pancreatine will make the fluid bitter. Too much heat will destroy the digestive ferment, and *no* digestion will take place, and the digestive apparatus of the child will be trifled with.

Liebig's foods when given in excess cause diarrhoea, and when given alone do not sufficiently nourish the child. Just the same phenomenon will occur if one ingests into the stomach of a child any artificial food that has *malt* in its preparation, *just precisely*.

Dessicated and partly peptonized cow's milk in form of a milk food, containing the *partly* converted starch *into dextrine*—the hydro-carbons-starches obtained from the *whole of the wheat*—is a very convenient and, when well made, a very efficient substitute for mother's milk.

If an artificial food is to be given to a child, three things are necessary and one thing to be avoided, and that is a malt food that will produce to a greater or less extent hiccough and blenorrhœas :

First—An artificial food wants to be easy of digestion. Second—A liberal supply of the lime salts and phosphoric acid for the growing petrous tissues; and thirdly—as large a per cent. of the albuminoids for *general tissue building* as can be found in human milk.

The proportion of casein in cow's milk, noted by at least a dozen different analyses by as many different observers, is at a low average 3.022 per cent., while the average in 43 different women, as per Meigs, is 1.046 per cent.; the former fluid having nearly 300 per cent. more casein than has woman's milk.

There are eight or ten different foods on the market, and they are very different in their composition, *building capacity* and *ease of digestion*. Three are considered as starch foods, two are known to be malt preparations, and three contain dessicated cow's milk, nitrogenous foods.

*Starch foods*—Ridge's Food contains 8.76 per cent. of the albuminoids, or nitrogenous matter; cellulose, which is indigestible, 0.73 per cent.; lime salts, 0.48 per cent.; phosphoric acid, 0.260 per cent.; and ease of digestion, 8.76 per cent. Wells, Richardson & Co.'s albuminoids, 9.05 per cent.; cellulose, 1.54 per cent.; lime salts, 2.26 per cent.; phosphoric acid, 0.688 per cent.; and diges-

tion, 8.35 per cent. Imperial Granum's albuminoids are 10.73 per cent.; cellulose, 0.97 per cent.; lime salts, 0.37 per cent.; phosphoric acid, 0.167 per cent.; and digestion, 9.55 per cent.

*Malt foods.*—Mellin's albuminoids are 8.34 per cent.; cellulose, 0.58 per cent.; lime salts, 3.53 per cent.; phosphoric acid, 0.583 per cent.; and ease of digestion, 7.38 per cent. Horlick's Food albuminoids, 11.30 per cent.; cellulose, 0.55 per cent.; lime salts, 2.76 per cent.; phosphoric acid, 0.421 per cent.; and ease of digestion is 10.85 per cent.

*Milk foods.*—Nestle's albuminoids, 11.46 per cent.; cellulose, 0.10 per cent.; lime salts, 1.75 per cent.; phosphoric acid, 0.630 per cent.; and ease of digestion, up to 11.09 per cent. Anglo-Swiss Milk Food: albuminoids, 12.37 per cent.; cellulose, 1.09 per cent.; lime salts, 1.95 per cent.; phosphoric acid, 0.800 per cent.; and ease of digestion, 11.20 per cent. Carnrick's Soluble Food contains of the albumoids, 18.22 per cent., while the average of human milk is 17.08 per cent.; cellulose, none; salts and inorganic constituents, 2.991 per cent.; phosphoric acid, 0.874 per cent.; and digestion the same as human milk, being 16.45 per cent.

It will be noticed that the milk foods are much richer in the albuminoids, and better balanced in *lime salts* and *phosphoric acid*, which are the true *petrous tissue builders*. Again, we find that they digest much easier than the others, and this is particularly so with regard to Carnrick's Food.

All of the hydro-carbons—starches—are disposed of by the amylolytic solvents found in the saliva, pancreatic and intestinal juices. A child under one year—some claim eighteen months—does not secrete enough of these ferments to digest starch; hence such food will pass the intestinal tract unconverted, first into dextrine and then soluble sugar, and scrape their way along, irritating the whole mucous surfaces.

Not only should the cow's milk entering into the composition of an artificial food be partly predigested by the manufacturer *before* the food is put upon the market, but the starches should also be partly pre-digested in the laboratory, by long baking, some seven or eight hours, at a temperature of 350° Fahrenheit, which changes the indigestible starch into *dextrine*, which is very easily disposed of in the duodenum and converted into soluble sugar, which is then ready for immediate absorption.

The malts and cane sugar are very liable to be affected unfavorably by the lactic and hydrochloric acids of the stomach, and converted into a vinous ferment or sour beer.

In cases of obstinate constipation, a few doses of a malt food will open the bowels, but a continued application of a malt food is extremely liable to continue a diarrhoea or to increase a blenorrhoea to dangerous proportions.

Artificial foods that require the addition of milk to bring up their standard of albuminoids or nitrogenous matter are objectional, in that, what cow's milk is added, has not had its tough casein partly pre-digested, unless it is done in the household; and this is impracticable from the fact that a *fresh* supply of the necessary ferment cannot be obtained every day, *as it ought to be*. It must be *pure* and *fresh*. The odor of some of the digestive ferments that are found in the shops is such as to bring such ferments under suspicion, as they are already assuming a putrefactive tendency.

Our special interest must refer us again to the petrous tissues, where the microbes may be able to run riot amidst the soft-solids of tooth structure, if there has been a sparse deposit of the lime salts in the protoplasma.

Aside from good hygienic attention to the teeth, the greatest preventive to early and rapid dissolution is to impact their soft-solids with calcareous matter.

The enamel ought to contain 98 per cent. of inorganic constituents, the dentine from 78 to 80, and the cementum 68 per cent. But as the teeth are fed to-day large numbers of them will not average 65 per cent. of these salts. In deciding on an artificial food for an infant, one should not be selected that does not show a high per cent. of phosphoric acid in conjunction with a full supply of calcareous matter, because there is ten times more of the phosphate than of the carbonate of lime—marble—in tooth structure.

Since it is from the immediate outside of any and of all of our grains from which a *sufficient* supply of tooth-salts—lime—can be obtained, that are of *easy digestion* and *ready appropriation*, the expectant mother *should eat liberally three times each day* of bread constructed out of the *meal* product of the specific grain eaten: oat meal, graham bread, rye and indian, or brown bread and corn bread.



No one who has the best interest of their children at heart should permit any kind of food upon their table that is manufactured out of the *ruinously bolted* wheat flour. Dentally speaking, the bolting machines of this country have done more to break down and make effeminate—weak—the American teeth, than all other means combined.

The microbes never got a chance at the teeth of our worthy grandfathers, because their humble position compelled them to eat what a gracious God so wisely constructed for their consumption, and, by their obedience, they were blessed.

It is *when* the teeth are forming that they require to be fed with the lime salts, and this time continues up to and beyond the twentieth year. *Human teeth, once built up, are built up forever.*

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### DIABETES MELLITUS.

BY E. M. MCPHERON, M. D.

What part of the organism is primarily affected in this disorder? This is a question of much practical importance, as upon the proper answer of which a rational therapeutics is to be based in the treatment of this disease. Diabetes mellitus is so inseparably connected in the mind of the general practitioner with renal disease, that when he is called upon for the treatment of a case of this kind he rarely takes upon himself the trouble of carefully scrutinizing every phase of the patient's appearance, for a more comprehensive knowledge of the disease and its treatment, but at once reviews his *materia medica* for some remedy that is supposed to proceed directly to the kidneys and overcome the pathological condition there existing.

That the kidneys are not the seat of the primary lesion in diabetes mellitus is substantially proven to our satisfaction by such facts as these, viz.: (a) That the kidneys can in no way produce the sugar present in the urine, which is the constant and characteristic feature of this disease; (b) the kidneys are simply eliminating organs, and can only excrete such materials as pre-exist in the blood; (c) post mortem examinations do not reveal constant or extensive organic changes in the structure of the kidneys, as we would expect were they the primary seat of disease; (d) the most constant renal affection accompanying this disease is a catarrhal disturbance of the mucous lining of the renal tubes, such as would most naturally

result from the irritation induced by the presence of sugar, and such as we know to exist in the bladder and urethra ; (e) the physiological functions of the kidneys are not disturbed to any great extent in this disease, as is noted from the absence of uremic poisoning, dropsical affections, etc., which we would expect were they the primary seat of disease ; (f) the disease is insidious in its course, and usually manifests itself by constitutional manifestations before any local symptoms in the kidneys or elsewhere are discoverable.

That the blood is at fault in this disease we think hardly admits of a reasonable inference, farther than the secondary changes induced in this fluid, the result of the disturbances of nutrition attendant upon this condition of the organism. There are some facts that would seem to point to the liver as the seat of the disease, such as the increased amount of sugar in the blood, the organic changes in the structure of the liver, etc. The increased amount of sugar in the blood might possibly be due to deficient oxydation during the passage of the blood through the lungs, as the respiratory function is known to be impaired during the progress of this disease, especially during the latter stages, and this has been attributed by some writers as the cause of the disease. The organic changes in the structure of the liver are not constant, and none which are characteristic of this disease, a fact which strongly militates against this theory. Often there are no changes in the liver which are discoverable on examination, and this single fact would seem to disprove the theory. Some have claimed that the spleen or the pancreas is the part at fault, but we fail to find any clinical facts that would warrant the assumption.

Following this, there can be none other more plausible opinion than that the nervous system is the part of the organism primarily affected in diabetes mellitus, and that the changes in the function and structure in other parts of the body are secondary or incidental to this neural condition. Just what the nature of the pathological condition of the nervous system is we are unable to say, but we believe the primary disease to be confined to the medulla oblongata, specifically to the floor of the fourth ventricle. Physiological experiments have proven the fact that the floor of the fourth ventricle, midway between the origin of the auditory and pneumogasttric nerves, is the diabetic center of the nervous system, and by

artificially irritating this part of the medulla there can be produced in the healthy person an artificial diabetes mellitus, which last only during the period of irritation. We believe this to be an influence transmitted to the liver through the sympathetic nervous system by branches from the solar plexus, and that in the pathological condition known as diabetes mellitus there is present this irritation of the medulla, which continues until there is a degeneration or other abnormal condition of the nervous structure as the result, unfitting it for the normal performance of its function, and that the lesions of nutrition are the result of this loss of nervous force or control.

Diabetes mellitus increases in frequency according to the increase of nervous diseases, a fact which is well established by observation, and one very conclusive point in favor of the theory advanced. Men are the subjects of this disease oftener than women, presumably because of the greater mental exertion which they are compelled to undergo in life. Shocks to the nervous system, injuries to the head, emotional strain, mental anxiety or fatigue, tumors at the base of the brain in proximity to the medulla oblongata, lesions of the floor of the fourth ventricle, are all known to be existing causes of diabetes mellitus. Otitis is more frequently connected with this disease than we want to consider as an incidental lesion, which we think may reasonably be accounted for by its origin being at the seat of the disease in the medulla, or near the diabetic center. The restlessness, insomnia, rapid and feeble pulse, reduced temperature, melancholia, hypochondriasis, failure of memory and loss of power to concentrate the mind on any subject, loss of sexual power, derangement of all the vegetative functions, with great loss of flesh and strength, numbness and formication due to loss of vaso motor control, vertigo, tinnitus aurium, constant headache, all point to the neural origin of the disease.

Paralysis, as facial, hemiplegia, cardiac, etc., as well as amblyopia, amaurosis, atrophy of the optic nerve, which are frequent concomitants of the pathology, all point to the nervous system as the seat of the disease. In 1883, Schmitz gave an analysis of six hundred cases of diabetes mellitus, of which five hundred and twenty-seven were traceable to neuropathic or hereditary origin. Ord, in 1884, reports a large number of cases, one-third of which were distinctly traceable to neuropathic origin, while near one-third were

due to alcoholic indulgence, which we think may have acted through the nervous system to give rise to this disease. Frerichs gives an account of the death of two hundred and fifty diabetic patients, of which eighteen died of exhaustion, thirty-four of phthisis, seven of pneumonia, eight of nephritis, seven of carbuncle, six of cancer, and one hundred and seventy died of cerebral disease. In no work on practice can we find where any author has advanced this present theory, though some have made vague allusions to it. So that if we have committed a blunder in advancing this theory we have not done so without some justification, and while future observation may show us wherein we may be wrong, still we believe that in the main we are correct.

## POSSIBILITIES OF UNITING THE SEVERAL SCHOOLS OF MEDICINE.\*

By E. YOUNKIN, Affirmative; G. E. POTTER, Negative.

The above subject was assigned by the National and placed in the "arena of debate." At the time of the discussion (June 22, 1888), I had prepared nothing upon the subject and only made a verbal address. Since then I have been called upon to reduce my speech to writing. I consent to this only upon the ground of being allowed to enlarge and systematize what I have to say.

The theme is an important one, and ought to have a wider scope than what is couched in the word "possibilities."

*First.*—Is union *desirable*? Some men think it a part of their mission to differ. We differ in our physical proportion and we differ in intellect. We cannot all see alike and we do not all think alike; but notwithstanding all this, it would seem that every one who has the good of medical science at heart should answer the above question affirmatively.

There is no strength in discord and there is nothing accomplished by faction. Because we differ in our physical organizations is only another reason why we should rally around a common center. One organ of the body will differ from another organ, and all organs in a sense differ from each other, but there is a harmony essential to the physical being, and without this harmony there is disease and death.

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\*Delivered before the National Eclectic Medical Association, at Detroit, Mich., June 22, 1888.

This idea of harmony in the physical being is just what we mean by union in the several schools of medicine, and without this union we have a display of weakness, and with union of sentiment of feeling and action we have strength.

Where two individuals differ from each other in sentiment it is possible for both to be wrong and impossible both to be right. If they are united, this does not prove the correctness of their position, for men can unite upon error as well as upon the truth.

All men, however, have a right to the truth, and truth is a unit. He who has the truth may hold to it though all others differ from him. The man who assumes a position should examine the foundation of that position, and if built on the rock of truth he should maintain it, but if false he ought not to hold to it simply to go with the crowd.

*Secondly.*—Union in medicine is *practicable*. If medicine has no common centre, then divisions are justifiable; if it has a common centre, then in the ratio of our distance from that centre will be the distance which separates us, and the nearer we approach the centre the closer we are to each other. The closer the schools are to the common centre, the less distance they have to go to union. Some may be far from the mark and others may be near. Those at a distance will therefore have greater exertion to bestow and greater sacrifices to make. The common centre around which union becomes possible is *truth*. It is possible to arrive at that truth though from the present state of things it is not probable.

The medical schools are nearer each other to-day than they were years ago. The reason of this is because they have come nearer to the truth and have forgotten much of their superstitious bigotry and intolerance. We believe, therefore, that union in the various schools of medicine is desirable, and that it is feasible and possible. We know that there are a few men who aim to keep the poles apart, but let it not be *us*, for we have nothing to fear in this matter. There are no principles of justice that we cannot adopt. We have gained a position of respectability and honor. There is no standard of education which others may adopt, that we cannot attain, and we have no erroneous theories that we are bound to maintain.

Now, are we to give up the principles on which we have started out? I answer, not one that has the basis of truth. Not an ele-

ment of truth is to be sacrificed. But what about other schools? My answer is the same. It is error, however, that must be eliminated. It is bigotry and superstition that must not be tolerated, and let us come upon common ground, ground that is admitted to be right by all.

Have we any such groundwork as this? Yes. Who is it that denies us the right of selecting the best drugs and the best means from all sources? There is not one in fact, though there are many in practice. The question of selection is left with the individual mind, and it cannot be confined by resolutions of bodies or governed by medical societies. It is good in proportion to the man's education and the exercise of his judgment.

We have adopted as the law of cure, *anything that will cure*. Is there anything wrong about that? There is not a dissenting voice. Where the law of *similia* will cure let that be the law, where the law of *contraria* will cure let that have its way, and let us cease our quarrels on the questions of the universality of any law.

I want to say to you gentlemen, that our opponents do not object to what we hold as our distinctive features, so much as to what we do not hold. They quarrel with us and call us hard names because we do not go with them and because we will not subscribe to their dogmas. We are not ready to do this for the sake of peace and union; and so long as we cannot settle upon truth and fact in which justice is dealt out to all, so long the battle of the schools continues and so long we will play our part in this contest.

But says one, what does all this controversy amount to? We have not been invited to unite with anybody. I beg your pardon. We are called upon daily to subscribe to the dictum of other schools; but this we cannot do until we can have a common ground of truth and justice. This is our mission therefore. We hold in our hands the olive branch, and we stand ready to unite with all who will drop the old mantle of exclusive intolerance and rest their arms upon the right, the true and the good.

#### DR. GEO. E. POTTER'S RESPONSE.

*Mr. President, Ladies and Gentlemen:*—Inasmuch as Professor Younkin, my worthy opponent, has failed to show wherein there is any possibility of the union of the several schools of medicine, I shall proceed to present my views in support of the negative of the

question at issue. I cannot reconcile myself to the belief that union can be amicably adjusted under one head.

Principles are not so easily surrendered; and who of us, or of the several schools of medicine, are willing to make full concessions? We find our Homœopathic friends have resolved: "That as long as the dominant school of medicine refuses to accept the Homœopathic principle as the leading one in the domain of therapeutics, and place Homœopathic physicians and the Homœopathic school under a bann, and so long as non-Homœopathists refuse to teach their students the benign truths of Homœopathy, it is incumbent upon the Homœopathic school to hold its position, to maintain its separate organization, and to retain its distinctive name."

They assert that the two schools—meaning the Regulars and themselves—are drawing nearer to each other every year; and ascribe to the Regulars the attitude of making all concessions, for they say: "We have not abated one jot or tittle from our main principle, the law of *similia*, and that Homœopathy is bound to be the medical science of the future, for it possesses the fundamental truths of the healing art."

Thus you perceive the position of the Homœopaths towards the Regulars; and the same is no doubt true with regard to Eclectics.

The position of the Regulars is plainly seen in the following quotation from the "Rules of the Executive Committee" of the late Medical Congress:

"The Congress will consist of such members of the regular Medical profession as shall have registered and taken out their tickets of admission, and of such other scientific men as the Executive Committee of the Congress shall deem it desirable to admit."

The following letter explains itself:

WASHINGTON, D. C., October 1st, 1887.

DOCTOR POTTER:—It is my duty, as registrar of the Ninth International Medical Congress, to inform you that by some inadvertence your application for registration has passed the preliminary stage; but facts having come to our knowledge as to your exclusive practice, which, under the rules of the Congress, is a bar to membership, I therefore have requested the treasurer to return the fee deposited, which he informs me has been done. You will oblige by returning to me the certificate and badge you received. It seems that you have subscribed five dollars for a "commento medal," which is herewith returned.

Yours very respectfully,

M. HONER, Registrar.

Who can mistake the issue? Therefore, while there exists this diversity of opinion, I shall accord them the liberty to think and act for themselves, but courteously request the same American privilege for ourselves. We understand the framework and principles of our school, and we assert our claims to be well founded. I bid all who question our title to come and see.

Scores of men of other schools have compared the works of Eclectic authors, from Beech down to the present, and have openly declared their admiration of the new school principles, and that science and the people have been the gainers. All who will can attest to the same. It needs no argument. Lo! and behold! for I tell you good did come out of Nazareth.

The world may not know our great and noble forefathers, for they may not have been great orators or statesmen; but peace to their ashes. While their tongues are silent in death, their voices, once raised against calomel, mercury and the lancet, still sound, and will go ringing down the dark ages of time with a sound of paradisiac sweetness. They are men whom we delight to honor. An appropriate monument erected over the grave of Beech would be but a tribute of justice, and the inscription upon it should read: "He broke the fetters of medical bondage."

They fought the early battles, and bore the burden and heat of the day; many have gone from earth's scenes without seeing the signs of victory; some are here in this assembly. Bless them, O ye nations! for they have seen victory after victory loom up before them; and it is hoped they will live to see the superstructure completed and surmounted with the banner waving in mid-air, bearing the motto: "Liberty, Freedom and Equality to all men."

The reformers in medicine aimed at truth. They realized that truth is science, and is eternal. They knew that truth backed up by enthusiasm would "move stones," and "charm brutes." Without it science could effect no victories. They planted the seed for a scientific system of medicine, which has grown and perfumed the entire medical world. They held that only is science in medicine which is true; all else is false.

In view of what has been said, I see no good reason why we should not exist as a separate and distinct scientific body. I find in my travels that Eclectics are not an iota inferior to Allopaths, or



Homœopaths ; the people judge for themselves, and favor the new school.

Then, are we not equal in birth and education, in mental and physical stamina, in social and moral standing, in medical knowledge, and in every other respect, if you please ? We ask no favors, we seek no legislation, we covet no one's trade ; we stand on our merits, for by this we are willing to stand or fall. We do not usurp all knowledge, but we concede there is good in all schools. We concede the right for all schools to exist and advance the truth in each, to the advantage and comfort of their patients. No sane man would deprecate the right of one and jeopardize the rights of others.

Let us next consider wherein we differ from the old school, for there exists a pronounced dissimilarity, notwithstanding their efforts in their endeavors to class us as a small branch from off their scientific tree. First, they claim to be antiquated, we are modern ; they usurp all truth and power, we concede truth to be eternal ; we ask for equality before the law, they demand we shall not have it ; we seek no restricting or unjust legislation, they seek it and wilfully obtain it. They proscribe a pernicious code of ethics, we advocate the golden rule. We seek to excel at the bedside, they seek to villify and crush us out. We are more successful than they, and they know it full well ; thus they seek class legislation while we ignore it.

In the face of such facts, and others too numerous to mention, I cannot see, for the life of me, wherein there is any possibility of the union of the several schools of medicine. Notwithstanding the wide chasm which lies yawning between us, the laws of cure and therapeutics stand out so boldly as to present the greatest of all reasons why we cannot consolidate. The laws of cure are so widely at variance as to annul any possibility of union. The law of *contraria* is diametrically opposed to *similia*, while *vires vitales-sustinet* is not in accord with either. Men, true men, cannot surrender a principle which they honestly believe to be right. Thus, while we differ in essentials, what good can be accomplished by arbitration ? Neither can yield to the other, but each must concede the rights and privileges of each other, so long as they do what is right and just. This truly constitutes America's freedom.

To reconcile the differences in therapeutics would not be an easy

task, but attended with extreme difficulty, unless Eclectics "bow the knee that thrift might follow fawning." I do not know that we are ready or willing to concede in such a manner. If we had no distinct system of therapeutics, I would willingly yield to the force of argument and truth; but while we are in possession of what others are so anxious to obtain I see no reasons for an unconditional surrender.

We avow there are talented and most excellent men in the Old School; Homeopathy is blessed with prime and noble advocates; while the Eclectics can point to their share of shining lights. There are those eminent in a few branches and almost totally wanting in others; while plenty, yea, too many, indifferent or entirely worthless men can be found in all classes of society.

The question of union of schools is before us for consideration, and what I understand by union of schools is the overwhelming of all others by the dominant school. What a plight this would be. It would be calamity to our people; for were we to unite—thus giving up our birthright, for, being in the minority, we would be lost sight of—we would never regret it but once, and that would be to the end of our lives. I regret the petty strifes and quarrels; yet how on earth are we to help it? Are we not justified in our attitude as a distinct school? We certainly are; for it is plain that the vast army of Regulars in this country are afraid of competition, therefore they appeal to the legislature for protection.

In the event of union, what would be the result? We would be just where we are to-day, Old School, New School and Homœopaths, all the same. Can the Ethiopian change his color, or the leopard his spots? Union upon anatomy, physiology, chemistry and pathology exists between all scientific men; but when therapeutics and the principles underlying their application are brought before us for consideration, we must confess that each physician is compelled to choose his own remedies and apply them for himself. Methinks I hear an Old School physician exclaim: "I will not recognize or associate with those New School fellows." The Homœopath stands mentally grounded, and says: "I am practicing both ways;" while I am positive I hear an Eclectic exclaim: "How can I return to the flesh-pots of Egypt?" One says "I will not," another "I can not," while the third says "How can I!"

Let all remain where they are, and let all have freedom in essentials and liberty in non-essentials. I am satisfied that Old School men are afraid to employ small doses for fear of the Homœopathic designation, and the reverse is true with the Homœopathist. A chemical union cannot be had; a mechanical mixture may not be desirable. Therefore, Mr. President, in conclusion, I would say, let the principles of each school be tested, and let them stand upon their own merits; let each class of physicians strive to excel, let all stand equal before the law and discriminate in favor of none. Raise the standard as high as the heavens, if you please, and then let all adhere to that code of ethics—the golden rule.

I trust we, as Eclectics, representing the American Practice of Medicine, will let our light so shine that men may cry out, Lo, and behold the man! We believe we are right, and we dare not sacrifice our principles though we are in the minority. We can not afford to sacrifice a cardinal principle for the sake of joining with adversaries. *I, for one, cannot do it.* We need the three schools of medicine existing to-day. Our union would be our downfall and a curse to humanity. We must not marry each other, for divorce would be inevitable. We want equality and justice, and our individual rights as loyal American citizens.

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### VALEDICTORY ADDRESS.\*

BY MRS. L. L. RANDOLPH, M. D.

The art of healing has been practiced in some form from time immemorial. Indeed, as we trace its history back through the vista of past ages, it is lost in a maze of mythological romance and fable. In an age when every element of life and the processes of nature were believed to be controlled by some deity, it is not strange that this art should be ascribed to some one of the divinities, and that this divinity should become an object of veneration.

The accounts that have descended to us from this remote antiquity concerning Æsculapius, the "god of medicine," are vague and unsatisfactory. Their truth may only be guessed at, since the tablets found in the temples dedicated to his name and honor communicate but little information concerning the diseases

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\*Read at the commencement exercises of the American Medical College, June 1st, 1888.

of the times or the remedies used for their eradication. It is recorded that the followers of Æsculapius reared a holy breed of snakes, which they kept in the temples of Epidamus in ancient Greece, and they believed that the "god of medicine" was embodied in these serpents, and that through their possession whole nations were healed. Accordingly, when a city was stricken with the plague, the authorities were wont to send to the priests occupying these temples and purchase one of these embodiments of the divine art, in order that the population might be restored to a physiological condition.

This method of treating disease seems absurd and ridiculous in the light of our present knowledge, for man has made many discoveries, not only in the study of the anatomical structure of his kind and the science of surgery, in which a knowledge of the relation of parts is necessary to a practical application of its principles; but great strides have been made in studying the pathology of disease and therapeutical science as well. It has been said by Holmes that "thoughts are eternal; that they circle round our planet in unending cycles, and may be mounted only on the run." If this assertion be true, we may readily comprehend how new ideas appear to develop and new forms seem to originate with those master minds who laboriously and persistently follow one line of thoughtful investigation. Perchance some individual may mount one of these winged steeds as it circles by, and if not well balanced may become dizzy, or over-developed in his special line of thought, until he sees nothing except what lies in the direct route of his progress. This might properly be termed "riding a hobby," and is not a very enviable position for a person to occupy. Standing, as we do, in the light of new thought and advanced ideas, it behooves us to keep abreast of the times; for mankind is progressing onward into new and unexplored realms of thought and fancy; and who knows but some one of *our class* may discover and apply some principle in this science that has hitherto remained unknown? *All* things are possible. Man knows not his power or capacity till he systematically and continuously exercises it; and not unfrequently when he does this he astonishes himself even more than he does his friends.

Fellow-students, it seems but yesterday that we met as strangers; we looked into each other's eyes, but were unable to read the answers to our silent interrogatories. Day by day we have occu-

pied seats in this hall, and gathered the pearls of wisdom as they fell from the lips of our worthy professors, and have striven to make them our own, not solely for the purpose of adorning our minds, but that we might be enabled to make our lives useful to suffering humanity. We have learned, in this daily intercourse, to know and respect each other; and now that the hour of parting has come, we realize "that pleasure is not unmixed with pain," and in this last hour we think of the many kindnesses, the generous deeds and fraternal morning greetings that made glad our hearts; and the thought that we shall know them no more except in memory "tinges the hour with sadness." But wherever our lot may be cast, whether in the sunny south or the more hardy regions of the north, in the cultured east or the free growing west, or on a foreign shore beneath Australian skies, we practice the art of healing, we are bound together by a sympathetic chord—*strong* and, let us hope, as enduring as life.

The companionship of the last few months will long be remembered with pleasureable emotions. Our teachers have been not only efficient, but kind, courteous, affable and extremely entertaining. I should be happy to recount the many admirable and brilliant characteristics of each member of the faculty, but life is too short for the arduous and extensive undertaking. In attempting to express the thanks of a grateful heart, I realize how meaningless are words; so let us all join in offering the silent tributes of our full hearts and wish them all long life and abundant happiness.

On entering this temple of education the confines seemed narrow indeed, but as we have grown in knowledge, and our vision has become extended, these walls of brick and mortar have melted away like the dews of night beneath the solar rays, and we look abroad over the wide area covered by its influence and we are lost in amazement. We looked upon Eclecticism as a sect in medicine, but *now* we recognize it as embracing *all sects, all methods* and *all* systems. It is like a vast pyramid, whose base equals the circumference of the globe, and whose apex reaches the skies.

Fellow students, we are standing to-day with one foot on the base of this mighty pyramid, with eyes upturned toward its summit, prepared to begin the ascent. Our paths must necessarily diverge, but with full faith and hope that your courage will not fail, and your success be certain, I bid you all a final farewell.

## PROPRIETARY PREPARATIONS.

BY P. A. SPAIN, M. D.

Dr. James, as quoted from the *National Druggist* in the JOURNAL of last month, thinks that American journals in their free advertising discriminate in favor of foreign proprietary remedies. Now, as to whether this accusation is true or false I am not questioning; but the amount of free advertising which many of our medical writers in all schools are giving to these preparations is a matter of astonishment. Would it not be well to inquire where such methods will finally land us?

How often are we, on reading a promising article from some "M. D.," completely non-plussed to find in the wind-up his treatment to include some proprietary remedy—a remedy either whose composition or method of making is held secret by the manufacturer; at least "you can't make it."

In pondering the subject, the following questions arise, which every one may answer according to his own ideal of a high standard of medical practice:

Is it not indulging a wrong principle for a physician to prescribe proprietary remedies?

Is it not a step in the wrong direction for a medical journal to print articles in which the basis of treatment is a proprietary remedy?

Does not a physician who thus prescribes or writes make himself an easy and acceptable tool for medicine vendors?

Does not the prescribing and recommending of one of these "you-can't-make-it" remedies briskly encourage the production of ten others?

Has not the weakness of physicians in the past already caused our markets to be glutted with innumerable specimens whose manufacturers are pleading our support in terms of greatest assurance?

Could not a man so disposed do a considerable practice on just the samples which medicine solicitors are eager to place before him?

Are not these efforts on the part of secret workers to monopolize the custom of the medical profession? And are monopolies more to be countenanced in medical than in civil practice?

Are not such remedies easy channels through which manufacturers may extort on physicians and through them on the people?

Does not the principle of thus prescribing lead physicians farther and farther from what may be termed a "rational practice"?

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Does it not lead them farther and farther from the primary basis of therapeutics, and get them farther off into methods of mystification?

Has not the supporting of such manufacturers already crippled the efforts of some of our best chemists until the temptation is for all to indulge in making secret "wares"?

Should we not in some other way foster the researches of chemistry and pharmacy, rather than in supporting an industry whose chemical or pharmaceutical methods are matters of question?

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#### WHY SHOULD PHYSICIANS BE LIBERALLY EDUCATED?

BY HENRIETTA K. MORRIS, M. D.\*

What does liberal education mean? Hardly free, as we learn the word. It is taken from the word liberty, in the idea of freedom by virtue of intelligence. The truth makes free; knowledge is power. So a liberal education is a book education, a thorough instruction, a broad culture. A physician ought certainly to be and have all that that means. He or she can afford to be ignorant of nothing. The fault now of the profession is that the members know books too little for purposes of social and professional culture. Yet, while a physician of little knowledge of books and culture is not as liberally educated as he ought to be, the one who has no conception of knowledge except what he gets from books is far less educated.

To be educated is to be developed, cultured, perfected. So to be liberally educated is to be broadened, elevated and made complete and thorough in what the physician should be. Whether this ought to be is hardly a matter to argue. It proves itself. If our own school of medicine would give more attention to these requirements and less to the shortcomings of their rivals, we would have less difficulty to attain our rank and place.

To my sisters in the profession I can not forbear saying one word. Educate yourselves thoroughly to be womanly; be practical above theory, self-reliant and independent; so that if any little, narrow, contracted (because he is not educated) seven-by-nine male does not willingly extend to you the right hand of fellowship, that you will be so thoroughly above and beyond, through the liberality of your education, that you will not notice it, but go on your mission undaunted. Be educated thoroughly and you must be liberal.

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\*Read at the National Eclectic Medical Association, Detroit, June 20, 1888.

realizing that all physicians and all schools have equal rights with ourselves, *i. e.*, to treat the sick and help the maimed.

These points require elaboration; I have hardly time, but as I have given points which the question embraces, the rest I will willingly set forth at a future time.

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### POSTAL BRIEFS.

**OLIVE OIL.**—This oil is contained in the fleshy pericarp of the fruit. The drupes, when near two-thirds ripe, are passed through an edge-wheel mill of stone, set at proper distance to prevent breaking the kernel. The oil that can be dripped from the tank during this crushing process is termed the "virgin oil," but this is rarely sold as such, it being kept by the manufacturer to enrich poorer grades. The pomace is then put into palm-leaf cushions or coarse linen bags and placed in a screw press. It is removed from the cushions or bags, broken up fine and replaced in the press for a second and third time, in order that the more fluid portions may be expressed from the pomace. From each bushel of olives crushed the yield thus far is near three gallons of best market oil, and is known as "*Premiere Qualite*." The solid mass is again broken up fine, boiling water is added and the mass is immediately repressed, and this product constitutes the olive oil of commerce. The residue is again treated with boiling water and allowed to remain for some days, until fermentation has commenced, when it is again subjected to pressure, and the amount of oil thus obtained must be represented as an unknown quantity and of an inferior quality, tinged with green and possessing acrid and irritating properties; yet much of this kind finds its way into the druggist's stock, and is represented to the physician by an "*Oleum Olivæ Optimus*" label.

Oils made from lard, cotton seed and from the American peanut are used largely as adulterants, and the disguise is so complete that it is difficult to determine the fraud. The physician will sometimes detect the inferior quality by experiencing its unfavorable effects upon his patient. If to  $\text{vj}\overline{\text{z}}$  of pure olive oil is added  $\text{vj}\overline{\text{z}}$  of camphor, you have a specific in the treatment of poisoned cuticle from contact with any of the rhus variety, the relief being prompt and the improvement marked. But, if instead of the pure amber colored oil, the druggist fills the prescription with an adulterated article, or with the acrid and irritating oil obtained from the fermented



pomace, your patient will grow steadily worse at each application, the vesiculæ increasing rapidly in both size and numbers, and unless the physician detects the cause and corrects the fault by substituting pure oil for the impure, he will become discouraged with the result of the remedy and resort to some other, much less certain than the above named when properly prepared. Were all pharmacists saints in their profession, what a benefit to the practicing physician in cases where he possesses a specific remedy! but then how completely it would disarm him of all excuses in instances wherein he fails to relieve or cure his patient!

J.

**PHYMOSIS.**—On April 26th, 1887, I was called to see a lad of ten years who had been suffering much from what was called rheumatic pains in his legs and hands. The boy was quite nervous and sleepless. He had a dribbling of urine, and his bed was saturated with urine at night-time. Upon examination I found that the patient was suffering from phymosis, and I told the parents that I believed this to be the source of trouble. At first the parents were astonished at such a diagnosis, and when I told them that the remedy laid in the operation of circumcision, they spurned the idea of converting their son into a Jew. Finally, however, consent was given, and I excised the foreskin on May 3rd. The parts healed and now no trace is left of the boy's former complaint.

F. VON FRANKENSTEIN, M. D.

**FLOODING FROM INJURY.**—A couple of years ago I was called in haste to the country to see a woman who, I was informed, was flooding to death. The lady while carrying a child in her arms across the floor, fell upon an old fashioned chair, the leg of which was sticking up from the bottom four or six inches and sharpened. She had fallen with her abdomen on the leg.

I found her drenched with blood, the blood running through a large feather tick and a large straw tick down across the room. The lady was pregnant, and the mother plead for me to deliver the woman immediately. I had with me a compound of Oil of Erigeron, Witch Hazel, Cinnamon, Nux Vomica and Laudanum, and a good article of Brandy which I administered freely. The hemorrhage ceased and pregnancy continued till full term. The back of the child's head had no covering, and it died in a couple of hours after its birth.

C. A. WHITTIER, M. D.

**REPORTS OF SOCIETIES.****NATIONAL ECLECTIC MEDICAL ASSOCIATION.**

The eighteenth meeting of the National Eclectic Medical Association was held at Detroit, Michigan, June 20th, 21st and 22nd, 1888. It lacked in no respect the importance which attaches to these gatherings. The attendance was large, and the business transacted was of vital concern to the Eclectic cause.

There was a handsome increase to the membership; young Eclectics are coming to the front. Among those enrolled were the following: Linquist, Faber, Converse and Mulligan, of Connecticut; Campbell and Taber, of Massachusetts; Montgomery, of Tennessee; John King Scudder and H. A. Gage, of Ohio; J. A. Corey, of Kentucky; W. H. Judd, of Wisconsin, and others. It speaks well to see the boys coming.

We missed such as D. B. Williams, J. H. Tilden, Reid, and others; but Doctors Beam, Butcher, Cooper, Crum, Foltz, Gemmill, Hill, Ludwig, Hildreth, McFatrigh, Potter, Reid, Stevens, Tascher, Wohlgemuth and Yeagley, made their presence felt.

A pretty good detail of veterans was on hand, viz.: Ex-presidents Duncan, Munn, Howe, Younkin, Russell and Piper—all good, efficient men, not dead yet nor soon to die; also Covert, Laffin, Hawley of New York, Jay (always on hand and busy); McKlveen, Martin, Merrell, and others too numerous to name, but whom we cannot afford to do without.

The veteran of colleges and college journalism, John M. Scudder—who has made an Eclectic College a success—was there, and received quite an ovation.

There was an unusual attendance of lady doctors, and they had a full share of notice and influence. Three enrolled their names as members; three had been enrolled years ago, and several others were elected who hold their acceptance in abeyance. They will be after good company, however.

The register of names announces two disappearances: Dr. Eva J. Bennett behind the name of Outwater, and Dr. Louise Day as Mrs. Fordyce Worth. Good fortune go with them!

The Treasurer's report announced a pretty healthy condition of the finances. but there is a likelihood of increasing expenditure and

the delinquency in payment of annual dues is severely felt. A resolution was finally adopted instructing the Secretary, when printing the names of members in the next volume of transactions, to place a star or other significant mark beside the name of every member in arrears, and to mail a copy of such list to every delinquent member.

President Durham is a good officer to turn off business. Indeed, he was sometimes a little too prompt. He did, however, get through with it fast and to good purpose. The hall was a bad one, and he showed a nervousness which it had evidently caused. President Munn exhibited the same in 1878 when the Association was in session at the same place. The Council chamber, where the meetings were held, is surrounded on every side by the public streets, and the vehicles, which are never still, kept up such an incessant din and noise as seriously to embarrass business, and disturb everybody that was not deaf. A presiding officer is naturally very sensitive under such circumstances.

It may be as well for the Secretary, in his turn, to shape his work to better purpose. All the first day of the session he was engaged at endorsing certificates for members, to enable them to get home on reduced fare. This is not proper to do when the Association is in session, and should not be done. The asking of it on the first day of the meeting before much business is transacted implies cheek. If the Secretary shall be mindful of his duty to attend to the legitimate business, and leave the endorsing to be done out of hours, refusing to do it till the second or third day, he will be in better condition to serve the Association.

The Treasurer, Dr. Anton, was absent. Dr. Geo. E. Potter, of Pennsylvania, was appointed Treasurer *ad interim*; and Miss Helen M. Anton, Financial Secretary.

In his Annual Address, Dr. Durham laid stress upon the propriety of establishing due fraternal relations with Eclectics of England, and also called attention to the obnoxious legislation now in force in many states and contemplated in others.

Dr. Beam read a paper setting forth, that by connivance, trickery and falsehood, a statute had been enacted and was now enforced in Pennsylvania, by the operation of which no person graduating from any Eclectic Medical College is permitted to enter into practice. Even the Hahnemann College, which promised fairly and for a time

performed, has violated faith and now refuses to endorse an Eclectic diploma. The State Rights doctrine, as carried out by Old School and Homœopathic Colleges in Pennsylvania, beats the nullification action of southern secessionists. Those colleges stand on a rebel platform.

The Committee as appointed consists of the following persons: Albert Merrell, of Missouri, Chairman; Alexander Wilder, Newark, N. J., Secretary. Also the following: Alabama, J. W. R. Williams, Opelika; Arkansas, E. H. Stevenson, Forth Smith; California, W. C. Harding, Suisun City; Colorado, T. W. Miles, Denver; Connecticut, S. B. Munn, Waterbury; Florida, W. T. Snipes, Centreville; Georgia, J. W. Migrath, Macon; Illinois, Milton Jay, Chicago; Indiana, J. R. Duncan, Crawfordsville; Iowa, J. A. McKlveen, Chariton; Kansas, J. L. Furber, Topeka; Kentucky, J. A. Corey, Florence; Maine, N. R. Martin, Saccarappa; Massachusetts, J. A. Taber, Boston; Michigan, H. S. McMaster, Dowagiac; Nebraska, R. S. Grimes, Lincoln; New Hampshire, H. A. Hildreth, Bethlehem; New York, W. H. Hawley, Penn Yan; Ohio, J. M. Scudder, Cincinnati; Pennsylvania, H. B. Piper, Tyrone; Tennessee, W. A. Montgomery, Newburn; Texas, M. W. Henry, Wallden; Vermont, P. L. Templeton, Montpelier; Wisconsin, H. B. Laflin, La Crosse.

The Committee organized in the evening and adopted a course of policy, which the Association accepted on Friday morning. The following resolutions were adopted:

*Resolved*, that this Committee, in the name of the National Eclectic Medical Association, appeals to the respective Eclectic Medical Societies of the several States to establish vigilance committees, or committees on legislation, therein, whose duty shall be to make application to the legislatures of such States to defeat all proposed bills and to amend or repeal statutes the purpose, purport or operation of which is to abridge the rights of worthy and honorable practitioners of the healing art, or to establish discriminations between the several schools of medicine.

*Resolved*, that the several medical journals in sympathy with the National Eclectic Medical Association are respectfully asked to co-operate with the Association and this Committee in every proper manner to carry into effect the purposes for which this Committee has been authorized.

*Resolved*, that in the event of any vacancy in this Committee, whether by death, resignation, inability or neglect to serve, the chairman be authorized to appoint a member from the State in which such vacancy may exist.

The Iowa Eclectic Medical College was present bright and early, with its application to be placed on the roll with the most favored institutions. This was supported by a memorial from the Eclectic Medical Association of Iowa, and a protest by several others was also submitted. The matter was promptly referred to the Committee on Affairs of Medical Colleges, of which Dr. B. L. Yeagley is chairman. A report was promptly rendered, and the College duly accepted.

This new institution appears to have the sanction of the great body of Eclectics of the State, and several of the older ones, members of the National Association, are enrolled upon its Faculty. Iowa has had many violent storms, and the Eclectic ship has shaken severely; let us hope for an era of good feeling, of prosperity and honorable progress.

The reception of reports on the Status of Eclectic Medicine in the various States unveiled the fact of disaffection in the State of New York. The report by Dr. Park stated that the *morale* of the State Society was lowered, and that a part of its members, in control, had taken action which was opposed to the views of the majority. At its last meeting it refused to pass resolutions affirming the platform of the National Association. The report was referred to the Committee on Grievances, who after a brief hearing recommended that the whole matter be referred to the next annual meeting, which was agreed to.

There were several modifications made to the By-Laws. Hereafter no restriction will exist as to the number of delegates from State Societies, and new members to be elected from them in any one year. The day of annual meeting is also advanced one day earlier in the week, by the discretion of the Executive Committee. Accordingly the Association will meet on Monday, June 17, 1889, for its nineteenth annual session.

The "Arena of Debate," begun last year by President Russell, was continued this time. It was hardly so successful as it had been the first time. The members appointed to open the discussions overlooked the fact that opening addresses and not elaborate essays were desired, and as a result there were several screeds of much merit delivered, which were not quite pertinent to the object for which they were desired.

The purpose was not to procure special papers, but the best experience of members. It was to be a picnic, as one member declared, at which everyone should contribute something, and not one or two supply the whole. It was for this very reason that the Association, in 1886, voted to dispense with sections. The members desired to have "Experience Meetings" instead; and let the papers contributed go to the pages of the transactions, where they belonged.

Two of the subjects, however, were discussed to some purpose: the Proper Treatment of the Insane, and the Feasibility of Uniting the Schools of Medicine.

If any imagine that this meeting was not fruitful of results and profitable to all who participated, they are in error. There is every reason to be gratified at what was accomplished.

The general order was as follows: On Wednesday the reception ceremonies took place. A letter of salutation from the Mayor of Detroit, and an address of welcome from Dr. Wm. Bell, President of the Eclectic Medical and Surgical Society of the State, followed by a reply from Secretary Wilder, constituted the whole. The Association then put itself in harness. The President's Annual Address was delivered; credentials received from the State and other auxiliary societies; a Committee on Credentials appointed; the application of the Iowa Eclectic Medical College and accompanying papers presented and referred; and the Treasurer's Annual Report received and referred.

In the afternoon, the Committee on the affairs of Medical Colleges reported in favor of accepting the Iowa Institution, and it was adopted. The Committee on Credentials then reported the names favorably of 156 delegates, with a recommendation that they be elected permanent members.

The residue of the day was occupied with the hearing of reports on the Status of Eclectic Medicine in the several States.

Dr. Munn also read a spirited paper on the "Former and Later Eclecticism."

The evening was set apart to the annual meeting of the Mutual Aid Society. One member had died, Dr. S. S. Judd, of Wisconsin. An assessment had been made and duly paid to his widow. The officers for the next year are as follows: S. B. Munn, M. D., Pres-

ident; Joseph R. Duncan, M. D., of Indiana, Vice-President; Alexander Wilder, M. D., Secretary and Treasurer; Milton Jay, M. D., Medical Examiner.

The condition of the society is improving; it received several new applications, and promises to become a valuable agency.

The second morning was first occupied with the report of the Committee on Colleges and the Iowa College. The New York imbroglia was then taken up and referred to the Committee on Grievances.

The "Medical Symposium" took up the rest of the forenoon. Dr. Scudder, for Dr. Butcher, delivered a neat address on Specific Medication. The Auditing Committee reported on the Treasurer's accounts, finding \$488.81 of unpaid indebtedness.

Dr. Foltz and Dr. Howe then spoke on the Liberal Education of Physicians. Dr. J. V. Stevens, of Wisconsin, read a thesis very carefully prepared on Asiatic Cholera and its Treatment. A paper by Dr. L. T. Beam, on the Relative Merits of Medication and Nursing, was read by Dr. Piper.

Dr. Crum, of Michigan, opened the sixth question, on the Treatment of the Insane. This set the first Symposium debate a-going. Dr. Ludwig of Michigan spoke; also Dr. Munn and Dr. Wilder.

A discussion then followed on Asiatic Cholera and its Treatment; Dr. Munn and Dr. A. Merrell gave their methods which had been uniformly successful.

The afternoon session was opened by a series of resolutions, from Dr. Albert Merrell, on Medical Legislation, authorizing the annual appointment of a Standing Committee of one from each State, to which shall be referred "all matters touching the enactment or enforcement of laws for the regulation of the practice of medicine in the several States, so far as they influence unfavorably the status of Eclectic medicine or Eclectic physicians of such States." A series of resolutions in regard to colleges, modifying the by laws, etc. was also adopted. The President then announced the Committee on Legislation.

The Symposium was then opened, and Dr. Henrietta K. Morris delivered a spirited address upon the liberal education of physicians. Dr. Yeagley also read a thesis upon Asiatic Cholera.

The question on the Union of the Several Schools of Medicine

was eloquently opened by Dr. E. Younkin, of Missouri, in a model, concise address. Dr. Potter, of Pennsylvania, followed, and discussed the action of the Registrar of the late International Congress as showing that union was not practicable on any honorable terms. Dr. A. E. Park, of New York, also gave her views. The discussion now became general. Dr. McMaster, of Michigan, referred to the legislation in Ontario and its action, which was simply the stronger crushing the weaker school. Dr. Howe followed, and criticised the action of Eclectics in attending the International Congress at all. Dr. Wilder explained that those who had attended the International Congress had been specially appointed and instructed to do so, and that at its last session at Waukesha a committee of the Association had again reported that the Congress was open to all, thus making it their duty to attend. He read the report and the names of the committee signing it. Dr. Howe, one of the committee, added his own signature to the resolution.

The Symposiac having been dissolved, the Association took up papers and professional topics. The Secretary read the names of all members in arrears for dues, with the amounts. The evening was devoted to the organizing of the Committee on Legislation and arranging for effective operations. On Friday morning the report of the Committee was presented and accepted. On motion of Dr. Munn, the following preamble and resolution were adopted :

WHEREAS, It has been brought to the notice of this Association that in certain States there has been enacted unjust and discriminating laws, which seek to prevent the practitioners of some systems of medicine from rightfully following their profession ; therefore, as expressive of the sentiment of this National Association,

*Resolved*, That in the event of a prosecution under any such laws of any regularly qualified Eclectic practitioner of medicine, this Association will render any proper assistance to defend and press such suit to a hearing and final determination.

The Treasurer *ad interim* reported again the names of members in arrears and the amount due from each. The fact was announced that such persons might not vote or participate in the proceedings of the Association. The Electoral Committee was next announced, and made choice of the following officers for the ensuing year : President, Milton Jay, M. D., 126 State street, Chicago, Ill. Vice Presidents—1st, Vincent A. Baker, M. D., Adrian, Mich. ; 2d, John W. Migrath, M. D., Macon, Ga. ; 3d, Wm. A. Montgomery, M. D.,



Newbern, Tenn. Secretary, Alexander Wilder, M. D., Newark, N. J.; Treasurer, James Anton, M. D., Lebanon, Ohio. The Nineteenth Annual Meeting was appointed at Nashville, Tenn., June 17, 1889.

The various complimentary and other resolutions were offered and adopted. The new officers were next installed, and the routine business being duly concluded the Association adjourned. A trip, at the invitation of Parke, Davis & Co., to Lake St. Clair, was the concluding festivity and left all happy and well pleased.

H. M. A.

### REPORTS FROM ST. LOUIS ECLECTIC MEDICAL SOCIETY, JULY 19th.

**RHEUMATISM.**—Dr. James L. Day reported the following case: A lady, aged 39 years, has been afflicted with articular rheumatism for nine years. I have been treating her for about five years, and I must say that she receives no permanent benefit from all I have done. Possibly some suggestion from the members of this Society may be of some benefit. Her rheumatic trouble continues more or less all the time, and occasionally she is attacked with rheumatic paroxysms with excruciating torture, which nothing seems to relieve except a hypodermic of morphia and atropia. She is afflicted in all the joints, though principally in the hands and fingers, and in the ankles and toes. She recovers partially in five or six weeks after the acute attack, but she is sure to relapse again in a certain period of time. I have given her the Salicylates, the Iodides, the Carbonates, Quinine, and in fact nearly everything I have heard of that has been recommended for rheumatism. The Salicylates seem to have done her some temporary good, but I have given large doses (40 gr.) until they produced delirium or mania. Quinine also produces mania. Lemon-juice has been given, and this has done some good, but it does not cure. I have given Iodide Potass. to 40 grains at a dose; Digitalis, Sodæ, etc. I tried Antipyrin and Antifebrin, but I am done with these. There seemed to be no heart trouble until I gave Antipyrin; now there seems to be some disturbance of the heart's action. I don't like its action, and I shall give no more. If some of you can help me out on this case, I will be thankful.

*Dr. Younkin.*—Have you examined the urine?

*Dr. Day.*—Not lately ; some time ago I made an examination and found nothing abnormal.

*Dr. Younkin.*—There are cases of rheumatism that are exceedingly perplexing, and this is perhaps one of those cases. I should be persuaded to make a minute examination of the urine and determine its constituents, both in the amount of natural elements and as to whether there are any abnormal conditions. The urine may be heavy or light, it may be alkaline or acid. If heavy, it proves that the kidneys are eliminating well, but that there is an excess of the urates perhaps. If light, the urates may be stored in the system and be the cause of the joint trouble. I would not be satisfied, at any rate, until I made this examination. She may require Acetate of Potash, the Carbonate of Lithia, or something to change the urinary conditions. At a venture I would suggest Guaiacum and Phytolacca. R: Tinct. Guaiacum and Phytolacca, aa ʒj, mix, and give 20 to 30 drops three times a day.

*Dr. Allen.*—Fl. Ext. of Manaca is suggested.

*Dr. Gibbs.*—I want to say that I think the patient has had too much medication. The vitality is feeble and the patient should have a vital stimulant, and I should recommend electricity in her case.

*Dr. Day.*—I neglected to say that she has been treated with electricity, and it did not seem to be of any great benefit.

*Dr. Younkin.*—This discussion leads me to the remark, that electricity, while it is good, no doubt, in many cases, seems to be the most uncertain remedy we have. It is not only a "vital stimulant," but it is a depressant also, and harm may be done with it as in other remedial agents ; good may be accomplished by it, but it is an uncertain remedy. While I have electrical supplies and use them a good deal, I think that only about one out of ten receive any benefit outside of the mental effect that these produce. Perhaps much of our failure on electrical treatment rests in the fact, that this element in therapeutics is yet in its incipency.

*Dr. Day.*—I don't know but Dr. Watson's treatment is about as good as any, namely, give the patient "six weeks."

*Dr. Berry.*—Have you done that? Have you given her six weeks without medicine. I am inclined to believe with all that have spoken. We, in our anxiety, medicate too much at times. We fail to study the true pathology, and thus strike only at symptoms, and we do this at the expense often of the vital powers.

**LORDOSIS.**—Dr. Younkin introduced a case of lordosis. He said: I present this case to impress you with two or three points of interest. First, the nature of the malady; second, the plan of treatment I have adopted; and third, the necessity of properly devised mechanical treatment for such cases.

Lordosis is a term applied to a curving of the spinal column forward, so that the convexity of the curve projects forward and thus pushes the abdomen forward. This case is a little boy of seven years. When he lies down he gets up by the aid of his mother or some one else. When he stands his back is bent inwards beyond its natural axis, and you observe there is no sudden curve as in Pott's disease. When he walks he has that peculiar lunging and unsteady gait; his legs are weak and his ankles bent on locomotion. This has been the condition of this child from his early walking. Nine or ten months ago the mother took this child to an excellent and experienced surgeon of this city, who, by the aid of an instrument maker, put on a brace. This brace has been worn nine months with no improvement whatever. When this child was brought to me I found the mechanical appliance wholly inadequate to meet the ends proposed. The instrument consisted simply of a belt around the hips, with two iron braces on each side of the spine running up to the shoulder, and then secured around the shoulders by means of straps and buckles. The curve in the spine and the abdominal bow was not prevented. I sent my little patient to Mr. Schleiffarth, my instrument maker, with a note of directions how to convert the instrument worn into one that would do the work. A pad to cover the abdomen and secured to the back braces was made, then counter-pressure pads were set upon each shoulder blade and fastened to the back braces; then pressure pads fastened to the hip belt and pressing directly on the gluteal muscles. Now the little fellow stands erect and walks much better. By keeping the spine in this position, we shall expect a correcting of the deformity, and a better growth and development.

The newly elected officers of this Society are: E. J. Williamson, M., D., President; J. L. Ingram, M. D., Secretary; and L. L. Randolph, M. D., Treasurer.

The Society adjourned to meet the next time in the new college building, 407 South Jefferson Avenue, on Tuesday, September 20th. at 8 o'clock P. M.

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**E. YOUNKIN, M. D.,**

**EDITOR AND PUBLISHER.**

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and reserves the right to condense lengthy articles.

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## *EDITORIAL.*

### **ANOTHER EFFORT TO ELEVATE THE SYSTEM OF MEDICAL EDUCATION.**

The standard of medical education is now a question engaging  
the attention of all schools, and the probabilities are that the dis-  
cussions upon the subject will result in some good finally. All seem  
agreed as to the object to be obtained, but diversity of opinion ex-  
ists as to how the end is to be brought about.

About every physician we see has a remedy for the present ex-

isting evils, and every medical association is formulating its resolutions, and the members are deluded into the idea that the answer is at hand.

Dr A. Y. P. Garnett, the President of the American Medical Association, assumes that the question is now the mission of this association, and that the paternal relation of the American Medical Association to the medical profession places this body under the gravest responsibilities. Dr. Garnett sets out with his zeal and energy to formulate a certain set of propositions :

I. That a standing committee, to be called a committee on legislation, be appointed for each State, Territory, and the District of Columbia, to consist of five members of the medical profession in good standing, three of whom shall have no official connection with any medical school, whose duty it shall be to carry out, so far as possible, the following instructions :

*First:* That said committees, or a majority thereof, shall attend the sessions of their respective legislatures, or as often as their duties may require it, for the purpose of using all honorable means looking to the reduction of the number of medical schools in the United States, and a consequent diminution in the number of medical graduates. As a practical measure to this end, they urge the passage of a law requiring that, in the future, charters for creating medical schools shall contain a clause requiring that a full term of four years' study be required before the granting of a diploma to any student, and that no student shall be matriculated who has not passed an oral and written examination in the ordinary branches of academic study. Further, that any college failing to show a greater number than fifty matriculates annually, for three consecutive years, shall forfeit its charter and be abolished.

*Second:* That these committees use all diligent effort to secure an ordinance creating a board of medical examiners in each State and Territory, which shall have no connection with any medical school, and which shall be required to examine all applicants for license to practice medicine in their respective States. Any person practising any branch of the healing art, without license granted by said board, shall be subject to the penalties as the law may provide. This committee should also be authorized by statute to nominate, to the governors of the State and Territory, competent and learned

members of the medical profession to constitute said board of examiners.

*Third:* That the chairman of said committees of five be required to submit, at each annual meeting of this Association, a report embracing a full statement of what has been accomplished by each.

II. That the faculties of the several medical schools within the limits of the United States be once more urgently requested to call a convention at some central point, for the purpose of consultation and the adoption of some more general and uniform system of medical education. That, in addition to a four years term of study, the requirement of a preliminary education, including some knowledge of the classics, shall be suggested. Any school or college which shall refuse to enter into such an arrangement shall be excluded from all connection with the American Medical Association, and its alumni shall not be recognized as members of the regular profession.

We think that Dr. Garnett should have gotten out a patent on these propositions. While we would not object so seriously to a State board of medical examiners, if it were possible to have a board that would act impartially, and that would have the question of education as their sole object, we do object to the American Medical Association having these State boards under its control, and seeking to monopolize the question of medical education.

This association does not nor cannot represent the whole of the medical profession, and nothing ever sounded more sickly nor more bigoted than when Dr. Garnett said: "Any school or college which shall refuse to enter into such an arrangement shall be excluded from all connection with the American Medical Association, and its alumni shall not be recognized as members of the regular profession."

It is clear to be seen by this sentence that Dr. Garnett's object is to suppress everything that will not subscribe to the ethics of this Association, even those colleges of his own school. In other words, he means that no person can be educated but he who belongs to the American Medical Association.

It is a shame that men of intelligence must resort to such intrigue to bolster up their leaky barque. It is a shame that other bodies of educated and respectable men are compelled to organize into

vigilance committees to meet such opposition. We are free to assert, that under these circumstances the plea for a higher system of education is only a thin gauze through which may be seen a shivering deformity.

Dr. Garnett says that the "training of physicians in the United States is deplorably inferior to that required in older countries." This is a fact to be admitted; but, notwithstanding all this, our American physicians compare very favorably in point of intelligence and success with the European physicians who come to this country. While a higher standard of medical education and a uniform curriculum of study would do much good, not all of that which contributes to intelligence and success rests in the standard of education.

There is much in an individual endowment, and in many cases time is the only means of determining what this individual endowment amounts to. For instance, some men with very great learning make very poor physicians; while others with poor education become quite successful. Moreover, even with our loose methods of education, we have men in this country who rise to eminence by virtue of tact, energy, and natural fitness; whilst others who have started with the classics, passed through the best of medical colleges in this country, ended up with degrees from European medical colleges, are yet unfitted or in some way wholly unsuccessful in the practice of medicine.

We can point now to men who stand high as physicians and surgeons in this country whose education is no higher than that obtained in a common district school. Yes, we only have to look over the list of presidents of the American Medical Association to verify our remark. We do not argue in this that two wrongs will make one right; but we mean that the plan proposed by Dr. Garnett and others is inadequate to reach the end proposed.

Again, the provision against colleges that fail to show a greater number than fifty matriculates annually is illogical in the extreme. It is a fact that a low standard of college curriculum is a premium for students, and many of the colleges with large classes have offered this premium to gain its numbers, notwithstanding their air of dignity and great pretence in keeping up the standard.

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## THE GREATEST MEDICAL CONTROVERSY OF OF THE AGE.

Medical controversies often partake of the nature of the "peculiar." In some cases a vigorous attempt is made to shield the individual committing the error; in other cases a very strong tendency is seen to widen the distinctive differences. In the report of the late Emperor Frederick's case there is an immense excitement, and the strife is becoming somewhat national between England and Germany, owing to the fact that the German Emperor sought the advice of an English surgeon.

A difference of opinion arose in the diagnosis of the disease involving the throat of Emperor Frederick. Dr. Bergmann says that, as early as May, 1887, he wanted to open the larynx and cut out the growth. He backed up his skill by his reputation of having performed seven similar operations in Berlin, all of which proved successful. Frederick, after hearing of this, said: "Dr. Bergmann, this tumor must be removed; if it cannot be done from the inside, cut from the outside." While a preparation was being made, Dr. Mackenzie assured the Emperor that a mild treatment would restore the voice and give chances for recovery.

On the 18th day of May, 1887, while Frederick, the then Crown Prince, was at Ems, Drs. Tobold, Schroeder, Von Lauer, Wegner, Bergmann and Gerhardt held a consultation, and decided that the disease was cancer and that the only hope of relief was in an operation and that there was but little danger in the operation. On the 20th everything was again in readiness for an operation to be made on the following morning. The evening of the 20th Dr. Mackenzie arrived, and upon examination pronounced the case "no cancer," and the Prince again refused to submit to the operation; and from thence Dr. Mackenzie took full charge of the case, to the chagrin of the opposing party. In November following, Dr. Schroeder decided again that the disease was cancer, and insisted upon the operation, but the Crown Prince declared he would not submit to the operation.

On the death of Frederick, the German doctors held that if the operation had been performed Frederick might still have lived, and



they throw the entire responsibility of the Emperor's death upon Dr. Mackenzie.

Thus the reports go to show that partisan feeling has entered into an opinion that otherwise ought to be purely scientific. There is, perhaps, a degree of sincerity upon the part of each party to the contest; and while Dr. Mackenzie was seemingly on the top during the life of the Emperor, there now appears a likelihood of a revulsion of feeling, in Germany at least. Dr. Mackenzie has thus far been somewhat reticent, but we understand that his report of the case is forthcoming.

The impression made upon the public mind by the great differences in professional opinion in the above case, as well as in cases of public men in our own country, is not calculated to create the most favorable opinion on the certainty of the healing art.

### LESSONS FROM THE NATIONAL.

**AN EXAMPLE THAT OTHERS MIGHT IMITATE.**—Dr. S. B. Munn and his excellent wife are always found at the annual meetings of the National. The doctor remarked that he had resolved to go to these annual gatherings as long as life and health would permit. He is a prominent figure and a useful member. His ministerial faith is left in the shadows of the past, but his musical talent is still heard in the song of "Young Sam Simon" that will be Old Sam Simon when Old Sam Simon will be gone.

**AN UNFAITHFUL HISTORIAN.**—Professor Scudder distributed a brochure on "A Brief History of Eclectic Medicine." Now, a faithful historian should forget himself and recount the facts. He should be careful not to enlarge the *I* or lessen the *U*. In speaking of the Colleges of Eclectic Medicine the author says: "The American Medical College of St. Louis was organized in 1873, and has had quite as much success as could be hoped for." We should remark that the American has had rather *more* success than some have hoped for. The author says: "The professors have been principally graduates of the Eclectic Medical Institute." This remark was evidently made to lead the reader to conclude that no stream can rise higher than its fountain. But again: "And as is usual in

new medical colleges, they have not been able to work together in that harmony so necessary to the greatest success."

On this remark we are prepared to say there is lacking the foundation of truth. I have been with the American Medical College since 1875, and from that time to the present there has been perfect harmony. Indeed there has not been a discordant note; and no college in this country can claim a cleaner record on this point. We have set an example on this that even some older colleges would do well to follow: we have never reached that point of discord where one professor accused another of killing a student with chloral.

Notwithstanding the fact that many of us at the American were brought up at the feet of Gamaliel, when it rains we shelter under our own umbrella.

**A LITTLE OF THE ONE THING NEEDFUL.**—While at the meeting of the National, at Detroit, we learned from the Treasurer's report that many members are in arrears for dues, instead of being paid in advance as the by-laws require. We presume this is the result of carelessness on the part of members, or of supposing "my three, six or nine dollars will make but little difference; I will send it soon," not thinking dozens of others are equally careless, as the report shows; so that the printer's and other bills have to lay over, and a contract for printing Volume XVI. has to be deferred and its price increased on account of the long credit needed by the Association, in consequence of such neglect. If all the members who really wish the prosperity of the Association will pay up at once, it will do much to insure it by clearing it of debt.

**BREVITY IS THE SOUL OF WIT.**—Secretary Wilder did not intend that we should give publicity to an utterance he made while in a private conversation, but we shall risk the punishment. He said: "As a rule, the less people think the more they write." Some people may do a great deal of thinking, but they write very little. Length of thought and breadth of beam can not be determined by the length of an article. It is that which the article contains. It is the essence of things the reading public want. A well directed "Postal Brief" is a good thing. A long article is justifiable only in proportion to the amount of information it contains.

BEYOND REDEMPTION.—In an editorial of the *Georgia E. M. Journal*, Brother Adolphus says: "Professor Younkin made an address on the union of the several schools," and "it was evident that the National was not rapturously in love with Professor Younkin or his pet notion." This editor reminds us of the little poodle that stood on the bank of the river, barking at the great steamboat that was passing down. He thought to stop it by his clamorous bark, but the old boat moved right along. Let the union movement answer to the boat, and the reader may interpret the rest of the story. Our remarks were not intended for any who are joined to their idols, or for those who cannot appreciate an argument.

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### VESICAL TENESMUS.

This is a condition in which there is an almost constant desire to urinate, the act being accompanied with more or less pain. It is a symptom of irritability of the neck of the bladder, but pathognomonic of no special disease. It is a prominent symptom of various bladder troubles. The disease may be cystitis, tumors of the bladder, vesical calculus or gravel, congestion and inflammation of the kidneys, disease of the prostate, caruncular disease of the urethra, hyperacidity or alkalinity of the urine, or it may occur with rectal tenesmus and inflammatory diseases of the lower bowel. It may be produced by the use of certain drugs, as Cantharides and Turpentine, and it is not uncommon with the application of a fly-blister to any part of the integument.

The urine sometimes contains more or less blood, is voided in small quantities, attended with severe pain in the perineum and groins, and often in the glans penis. The pain is paroxysmal and lancinating, and may vary from slight uneasiness to excruciating torture. The desire to pass urine is constant and imperative, yet the patient dreads the agony of voiding it.

When a patient presents himself, complaining of these symptoms, it is necessary to search for the causal affection and to institute the treatment proper for that condition, but it is often possible to mitigate the suffering even before the cause is known. The urine should be rendered bland by means of demulcent drinks and by large quantities of water: if highly acid, the Citrate or Acetate of Potassium;

if alkaline, Benzoic Acid or Lithium Carb. The distress may be relieved with Morphia, Belladonna and Gelsemium. Rectal suppositories of Opium Camphor and Belladonna are highly useful. The hot sitz-bath is an additional aid. Tenesmus from disease of the prostate may be benefited by minute doses of Cantharides or Turpentine. In all cases, however, the permanent relief will depend on the removal of the cause. A frequent source of urethral tenesmus in females will be found in caruncular growths of the urethra. An interesting report on this part of the subject will be found in a discussion held in the Woman's Hospital, N. Y. (*N. Y. Med. Jour.*)

Dr. Ingals destroyed the tumors in two cases with Chromic Acid. No return.

Dr. H. Kelly brought down the tumors and exsected them, then cauterized the base.

Dr. Townsend took them off with a snare without pain under Cocaine.

Dr. Dudley's treatment consisted in tying off the tumors with ligatures.

By some means I meet with a great many of these urethral growths, and I must confess that outside of the exsecting and the ligature they have been troublesome to cure. I have been successful, however, with injections of Carbolic Acid and Glycerine into the growths, similar to the injection of hæmorrhoids. In some cases I use a strong ethereal solution of Iodine and Salicylic Acid. The parts are most always very sensitive; and to make a thorough manipulation of the caruncles it is necessary to use Cocaine to produce local anæsthesia.

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### ANSWERS TO INQUIRIES ON NEW DRUGS.

SULPHO-CARBOLATE OF ZINC is employed as an external dressing in surgical cases for the prevention of septicæmia, and as an injection in gonorrhœa, leucorrhœa, etc. From 1 to 5 per cent solution in water is used as a topical application, and for an injection 1 to 5 parts in 1000 of water. I have used it internally in cholera infantum and entero-colitis with much advantage.

A writer in the *Medical Times* says: The most successful treat-

ment we have ever tried for entero-colitis in infants, is that by the sulpho-carbolate of zinc, gr.  $\frac{1}{4}$  to gr.  $\frac{1}{2}$  every two hours. The diet should be strictly limited to raw white of egg, raw scraped beef, and the best of the prepared foods—milk being absolutely forbidden.

SALICYLATE OF BISMUTH may be used in diarrhoea with foetid stools, and in large doses it reduces the temperature and pulse-rate in fevers. It has been credited with shortening the duration of typhoid, though I think it is better indicated in malarial and rheumatic fevers, and septic fevers with gastric irritations.

ULEXINE.—Ulexine is a new remedy: I have had no experience with it. It is an alkaloid derived from the seeds of genista, or common gorse. It is crystalline in form, has a bitter taste, and is soluble in water. In medicinal doses Ulexine first acts as a stimulant, and then as a depressant of the respiratory mechanism; in larger doses it paralyzes respiration, slows and weakens the pulse, and finally causes narcosis through its influence on the nervous system—the muscles retaining their electric excitability till death. It also has a powerful effect on the kidneys, causing constriction, followed by a very large expansion of short duration. Ulexine is a more powerful diuretic than Sparteine, or preparations of Sarothammus Scoparius, and has been used with great success in cases of drop-y due to heart disease. As an antidote to Strychnia, it not only prevents the onset of the Strychnia convulsions, but has the power of checking them after they appear. The dose varies from  $\frac{1}{20}$  to  $\frac{1}{10}$  of a grain. The Liquor Ulex Diureticus is the only preparation to be had so far.—*New Remedies.*

THIORESORCIN.—The search long pursued by chemists and pharmacists to find a disguise for the offensive odor of Iodoform has latterly turned to finding substitutes for it. As a result we have Iodol and Soziodol—containing seventy and forty per cent of Iodine respectively, but very high in price and consequently barred from popular use. More recently, however, Ewer and Pick, of Berlin, have found and patented a combination, naming it "Thioresorcin." It is said to be prepared by heating an aqueous solution of 2 molecules of Resorcin and 6 molecules of Sodium Hydrate, with 6 molecules of

Sulphur, until the latter is dissolved; Muriatic Acid is then added, with the result of causing the formation of a slightly yellowish, flocculent powder—Thioresorcin. This is further purified by dissolving it with the aid of Carbonate of Sodium, and precipitating with dilute Muriatic Acid. In the pure state, Thioresorcin forms a grayish flocculent powder, insoluble in the ordinary solvents, but dissolving freely in solutions of the alkalies, alkaline carbonates, and alkaline sulphides. It is an odorless, powerful, and non-irritating antiseptic, satisfying all the purposes for which Iodoform is used, and is just as cheap. Supplies have just been received here, and several prominent surgeons are experimenting with Thioresorcin; the results obtained will soon accentuate the flattering testimonials already received from European surgeons, and an extended popularity is safely assured for the new antiseptic.—*New Remedies.*

SULPHONAL  $[(C_2H_5)_2S.O_2]$ .—(Di-ethyl-sulphon-dimethyl-methane.)—A new hypnotic; non-narcotic—as described by Prof. Karst in the *Berliner Klinische Wochenschrift*—heavy, colorless, prismatic crystals; melting-point, about  $130-131^\circ$  C. Soluble in about 120 parts water at ordinary temperature: more readily in Alcohol and in Alcoholized Ether.

Sulphonal is reported to act hypnotically merely by intensifying or exciting the natural somnolence or soporific inclination, without any narcotic action being perceptible. It is especially eligible in many of those forms of insomnia that proceed from nervous excitement, etc.

Average adult dose: 2 grammes, in powder.

Accessory effects on the heart-action have, so far, not been observed.—*Merck's Bulletin.*

TINCTURE SIMULO.—First prepared by Christy, of London, from the seeds of cappariz (coriaceæ), whose fruit bears the name of "Simulo." A report by White, in the *Lancet*, describes it as an excellent anti-epileptic, anti-hysteric, and nervine tonic, which he gave in seven cases of epilepsy, and in others of hysteria and nervousness, with very gratifying results, and without any disagreeable accessory effects even after long-continued use. His doses ran from 4 to 8 grammes per day.—*Merck's Bulletin.*

**BOOK NOTICES.**

**THE PHYSICIANS' BEDSIDE RECORD.**—For the Systematic Recording of Clinical Notes and their Permanent Filing of Future Reference. — By Gideon C. Segur, M. D. Published by The Plimpton Manufacturing Co.

This is a record arranged in columns, giving day, month and year; the hours, pulse, temperature, respiration, medicines used, and a column for notes of nurse, also a place for notes of physician. A convenient pamphlet for this purpose.

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**SOME RETROSPECTIVE AND PROSPECTIVE THOUGHTS ON SURGERY.**  
—By D. McClean, M. D.; delivered at the 39th Annual Meeting of the American Medical Association. A reprint from the Journal of Am. Med. Association.

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**REPORT OF THE PROCEEDINGS OF THE ILLINOIS STATE BOARD OF HEALTH.**—Quarterly meeting, Chicago, 28-29, 1888. Small-pox; Sanitary-work; Water-supplies; Conference State Boards of Health; National Quarantine; Medical Education and Statistics.

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**ATLAS ON VENEREAL AND SKIN DISEASES.**—By Prince A. Morrow, A. M., M. D.

This is part viii. It begins with Introductory to Diseases of the Skin and Classification; then takes up Seborrhœa, Comedo, Milium, Sudamina, Acute Exanthemata, Typhus, Typhoid, Variola, etc. The plates are Chromo Lithograph. Very fine.

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**THE PRACTICE OF MEDICINE OR THE SPECIFIC ART OF HEALING.**  
—By I. J. M. Goss, A. M., M. D., Professor of the Practice of Medicine in the Georgia Eclectic Medical College. Author of the American Practice, Materia Medica, Pharmacology and Therapeutics. 569 pages, published by W. S. Keener, Chicago.

We believe that, so far as we have been able to examine this work, Professor Goss has done honor to himself and the profession.

His aim throughout this book seems to be, as the title indicates, "The Specific Art of Healing." He has recommended, while describing the symptoms of disease, single remedies, which we believe is the scientific method for works of this kind. To test the merits of this book we have placed it upon our table, and in our cases in practice we turn to it and find it useful and in the main correct. We take pleasure in recommending this work, believing that it will fill a much needed place among us.

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**INTESTINAL SURGERY WITH SPECIAL REFERENCE TO TREATMENT OF INTESTINAL OBSTRUCTIONS.**—By Nicholas Senn, M. D., Ph. D. A pamphlet of 83 pages, published by J. H. Chambers, St. Louis. Reprint from the *Annals of Surgery*.

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**THE DISORDERS OF MENSTRUATION.**—By Edward W. Jenks, M. D. No. II., Physicians' Leisure Library. Published by Geo. S. Davis, Detroit, Mich. 25 and 50 cents.

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**COCAINE DOSAGE AND COCAINE ADDICTION.**—By J. B. Mattison, M. D. Read before the American Association for the Cure of Inebriates.

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**STRICTURE OF THE URETHRA AND URETHROTOMY UNDER COCAINE.** By F. E. WAXHAM, M. D., Professor of Otology and Laryngology, College of Physicians and Surgeons, Chicago; Clinical Professor of Laryngology and Rhinology, Chicago Ophthalmic College.

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**CAMPHO-PHENIQUE**—To the Medical Profession. A few facts on Campho-Phenique, giving cases where this antiseptic has been used.

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**DISEASES OF THE MALE URETHRA.**—By Fessenden N. Otis, M. D. This is number 10 of Physicians' Leisure Library, 1887. Paper, 25 cts.; cloth, 50 cts.



## NOTES AND PERSONALS.

TO MEMBERS OF THE NATIONAL.—We give the fullest society reports of any medical journal in our school, and we hitherto have sent specimen copies to many members of the National who are not subscribers. We do so again this issue; but our specimen copies are becoming limited owing to the increase of regular subscription, and it must not be expected hereafter that we should continue the specimen copy compliment. Those who want to keep posted in these matters should subscribe for the JOURNAL.

CARNRICK'S FOOD.—Reed & Carnrick have issued a series of diet tables, neatly bound, which they will send to every doctor who will mention the AMERICAN MEDICAL JOURNAL. These lists are really valuable and a great aid to the busy doctor.

"The conditions formulated by the Committee on Infants' Foods at the American Medical Association are approximated more nearly by Carnrick's Food than by any other with which we are familiar."  
—*Editorial note in Philadelphia Medical Times, June 1st, 1888.*

DEATH OF DR. P. N. NORTON.—Dr. Prior N. Norton, the subject of this notice, was born May 18, 1838, in Grant County, Ky. He began his professional career at Kidder, Mo., in 1867, and removed to Hamilton, Mo., in 1883, where he has since made his home. He graduated at the Eclectic Medical Institute of Cincinnati, O., in 1869. He was married November 5th, 1863, to Miss Mary L. Pierson, of Frankfort, Ky., who shared with him with true womanly nobility the cares and responsibilities of his profession, and with whom his domestic life was uninterrupted joy and sunshine. Faithfulness to his patrons, kindness of manners, temperate in habits, were conspicuous elements of his character. A true Eclectic, ever enthusiastic in his advocacy of his branch of his chosen profession, a successful physician, and an honored christian. Overpowered with grief from the death of his companion, which preceded his about two years, his health began to decline and closed in death April 22, 1888.

WM. R. WARNER & Co. have issued the following notice to physicians: "We take this method of denouncing the circulation of certain erroneous reports, as being the outcome of ignorance or ma-

lice. We have no connection with the firm of H. H. Warner & Co., of Rochester, who make "Safe Remedies" and other patent medicines. Our advertising is to the medical profession, and our pills and products (Warner & Co.'s) have been used and held in high esteem by the most eminent doctors during the past thirty years in the United States and in foreign countries. The therapeutic value of a remedy is ascertained by the medical practitioner, and it is the province of the manufacturing chemist to prepare the various medicinal preparations in the most correct, compatible, palatable, and convenient manner, by the aid of skill acquired by years of practice and experience. It seems to be necessary to specify Wm. R. Warner & Co.'s Pills and Bromo Soda with Caffeine to obtain what you want."

**SPECIFIC MEDICINES.**—Dr. W. J. Preston, of New Edinburgh, Ark., says: "Having used Specific Medicines constantly for four years, I have induced five other physicians to give them a trial. They all pronounce them perfection. I take great pleasure in recommending Specific Medicines to all that wish the most concentrated fluid medicines with perfect uniformity of strength."

**DIPHTHERIA.**—A writer gives a list of thirty-seven cases of diphtheria treated successfully by the use of steam saturated with *Eucaliptus Globulus*. Dr. Lytle reports favorable results with a spray of Lactic Acid. He says it rarely fails to dissolve the membrane in two or three applications. The solution used was of the strength of Lactic Acid, gtt. xxx; Aqua, 3j.

**CAMPHO-PHENIQUE** is composed of absolutely pure Camphor combined with Chloro-Phenic Acid, is non-irritant and non-poisonous, and may be applied pure to the tenderest skin without injury. It is soluble in the animal, vegetable and mineral fats and oils, Alcohol, Ether, Chloroform, Benzine, and the essential oils; it makes an elegant combination with the petroleum products and Lanolin.

Dr. A. Y. P. GARNETT, of Washington, D. C., died July 11th. He was a professor in the National Medical College at Washington, and the author of several monographs on professional topics. He married the daughter of Gov. Henry A. Wise, of Virginia, and during the civil war was physician to Jefferson Davis. His principal

intellectual effort, however, was his address as President of the American Medical Association, in which he recommended the employment of a lobby at each State capitol to procure legislation which should annul the charters of all but the most wealthy medical colleges, and make it a penal offence for any to practice medicine except those holding certificates from State boards to be appointed by the medical societies of the respective States. Thus he was a State-rights man to the last.

**SUCCUS ALTERANS.**—I prescribe Succus Alterans almost daily. This is, I believe, the best proof I can give of my opinion of its merits in the treatment of those cases requiring alteratives and tonics. It is undoubtedly a pharmacological remedy of great merit, well worthy of the prominence it has taken.

M. L. AMICK, M. D., Cincinnati, O.

**THE AMERICAN MEDICAL COLLEGE.**—The new building of this College is looming up to beautiful proportions. Those who have seen it gaze upon it with admiration. This College is bound to be an honor to the profession in more ways than one. Its professors are busily engaged in preparing for the coming sessions. Drs. Day, Shomber, Waterhouse, Hamlin, Nay and Randolph have been added to the corps of instructors. These are all well qualified teachers and lecturers. The time for the winter session is soon at hand. The new building is under roof and will be finished by September. On the 3rd of September we shall enroll and organize the class. On the evening of the 3rd we expect a dedicatory exercise with an address, ice cream, cake, etc. Students will do well to be present on this occasion.

**TONGALINE.**—After using Tongaline for several years in the treatment of neuralgia and neuralgic rheumatism, I am convinced that it is a meritorious compound and possesses curative properties superior to any other remedy.

THOS. H. CRAVEN, M. D., Canon City, Colo.

**FOR SALE.**—Dr. Snyder, of Cameron, Mo., has for sale 150 lbs. of Saturate Tinct. of the green root of Echinacea Agustifolia, which he will sell for \$1.50 per pound. Used in all septic diseases: Diphtheria, Syphilis, Chronic Malaria, Neuralgia, Typhoid Fever, etc., etc. Echinacea is regarded the greatest remedy discovered in the last fifty years.

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*ORIGINAL COMMUNICATIONS.*

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**PAIN.**

BY E. M. MC PHERON, M. D.

Pain is the conscious manifestation of a morbid process in a part or whole of the organism. The physiological condition of the body is absolutely free from pain; hence this becomes a very important diagnostic feature in many pathological conditions. What is the object to be attained by Nature in thus constituting us, as she has, subject to the many and diverse painful conditions of the organism? There must necessarily be some beneficent purpose in view, as Nature can in nowise be blind and meaningless in her works. Our clerical brethren tell us that pain is one of the factors utilized by the Almighty in bringing His children to the path of rectitude and right; but we, as physicians, are not so ready to attribute everything, both good and bad, to Deity, and fail to see the wisdom displayed in a just and merciful God thus punishing a dependant and helpless race, and believe there can be a more rational purpose in this manifestation of Nature.

The sum total of the physiological functions of the organism may be likened, for the purpose of illustration, to an army of men; while pain, for the same purpose, may be compared to a sentinel or guard keeping watch over these functions. The comparison may be homely, but will serve to illustrate the point we are pressing. A sentinel need present none other than a quiescent behavior when

no enemy is near; but when the army of men is threatened with invasion, then it becomes the guard to be on the alert, and at the proper time give the alarm of danger, and thereby enable the commander to have everything in readiness either to repulse an attack or insure a victory in case of a fierce contest. In like manner we may say that, during the physiological activity of the organism, Nature's guard has no office to perform, and remains in a quiescent state; and that as soon as disease threatens or invades this metaphorical army, pain, acting as Nature's sentinel, becomes manifest, informing the possessor of such body of the attempt made by disease upon his organism, thereby enabling him to adopt such measures as will repulse the attack of the enemy or insure a victory in case of an encounter with the malady.

The seat of painful manifestation is not always the site of the morbid action, as is seen in reflex neuroses, but that it is an indication of morbid action in the body there can be no doubt. Some one may object to my statement, and say there is but one part of the organism subject to pain, viz., the nervous center; which we will admit; but there must be some extrinsic excitation before we can become cognizant of painful impressions remote from such nerve center. Ascribing to pain this important office in the preservation of the animal economy, we are of the opinion that the wholesale and indiscriminate administration of anodynes by a large number of practitioners of all schools of medicine can be none other than detrimental to the future well-being of the animal organism. We do not wish to be understood as advocating that this class of therapeutic agents should be discarded from our materia medica, for there are conditions in which the use of remedies that assuage pain are absolutely imperative, in order that death does not supervene. It is an established fact that certain degrees of pain are wholly efficient to separate from the body that phenomenal principle which we know as life. Pain kills by stopping the respiratory process, probably by reflex nervous action. Hence, when the life of an individual is jeopardized by pain in the body, it then becomes the physician to call to his aid the use of remedies that will mitigate the sufferings of the patient until time shall have been obtained for the removal of the source of pain, thereby bridging the chasm that would have otherwise proved an inevitable source

of destruction in attempting to cross. But in administering anodynes in all cases where pain is a symptom will often put Nature's guard to sleep, and allow disease to invade the body unmolested, as we are first made aware of the ravages of some of the worst maladies during the period of their onset by the pain attending them, and are thereby enabled to repel the invasion of the disease or more effectively to manage it in case of an invasion. Pains might be classified as useful and useless, as coughs may be useful and useless. As a matter of fact, no discrimination can be made that will apply to all cases, as pain is of the most diverse and varied character, and this must be decided in every case by the judgment of the physician. The management in each case is apparent. Pains are also known as sharp, lancinating, tearing, cutting, dull, dragging, etc.; but these vary more in degree than in character. All pain is caused by extrinsic excitation, made manifest by transmission to the nerve centers.

In conclusion, we will say that it is a mistake to always administer anodynes when called to a patient suffering pain, as in many cases the pain will be the most important diagnostic feature in the case; but when we have concluded a rational diagnosis, and have determined that pain is useless, then the discriminate use of such agents is an element of good treatment.

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## MALARIA.

BY H. L. HENDERSON, M. D.

I doubt if I shall be able, in this essay, to add anything to the existing literature on the subject of diseases originating in miasms which arise from the earth in swampy localities; yet, if I can get the subject well before my readers, I will have accomplished my purpose; for physicians, as a rule, would much prefer to read a journal article, even though it consisted of threadbare principle, than to take down their text-books and read the same truths in perhaps a modified series of terms.

At this season of the year, autumn, we who practice the noble "healing art" in the West or Southwest are sure to meet with more or less severe manifestations of what the people, and many physicians, are pleased to dub "malaria." When speaking of this class of diseases, one should keep in mind the fact that the term malaria

signifies a class of diseases, not an individual disease. I sometimes hear physicians say: "I have a case of malarial fever." Now, what do they mean? Have they a case of intermittent, remittent, or some of the many other forms of malarial infection? While if one should say, "I have a case of remittent fever," then all may readily understand him.

I take it that everyone is familiar with the views taken by different pathologists as to the essential or physical characteristics of this subtle poison; some claiming that it is an animal poison, or bacteria, while others, with as much volubility, argue that it is a fungoid substance resembling mould, and some claim that it is gaseous. The arguments *pro* and *con* on these disputed points will not be profitable for us at this time to review, but merely mention them, and pass to more practical fields.

It is claimed by competent observers that the period of incubation is about thirty days, while some may yield as soon as fourteen days after exposure, the discrepancy being explained on the ground of difference in susceptibility.

During the latter part of the incubative period the patient observes that his appetite becomes capricious; bowels act irregularly or are constipated; he is troubled with aching sensations in the larger muscles and bones, especially so in his back. During each forenoon he is inclined to yawn and stretch and becomes drowsy and dull; his tongue is slightly coated with a whitish fur, perhaps verging on brownish; the mucous membrane may be either palid or red; there is an uncertain headache, which may sometimes become a hemicrania; the skin becomes sallow, and the eyes injected.

The symptoms continue, with varying degrees of severity, for several days, the patient thinking, "I will wear it out;" or perhaps he will take a dose of pills or a few grains of quinine. He may grow some better, or the power of the system may overcome the poison that is circulating through it, and the disease may never develop; but the great majority are not so fortunate; though the vital power may rally for a few days, the patient is continually taking in more of the poisonous material, to which vital force finally yields and the patient suddenly realizes that he is very sick. He then sends for his physician to come in haste, who, upon arriving, finds the

patient covered up in bed, with several blankets snugly tucked about him, endeavoring to get warm. On inquiring, it is learned that the patient felt about as usual all the morning, until perhaps ten o'clock, when he began to yawn; feel dull; his head and back began to ache; his fingers, nose, ears and toes grew cold; shivering sensations chased each other up his back; then he concluded to go to bed; soon his teeth began to chatter, and the aching throughout the body grew worse; finally his whole body began to shiver and shake. We begin to examine him, and find his skin pinched and shrunken; extremities cold and bluish; pulse oppressed; extreme thirst, with nausea or perhaps vomiting; tenderness over the stomach, extending along the borders of the ribs on either side. Applying the thermometer, we find a temperature of  $101^{\circ}$  or  $102^{\circ}$  degrees. We order a hot mustard foot-bath, followed with brisk dry friction, aided perhaps with a little powdered Capsicum or Mustard; wrap him in hot blankets; give him a dose of some diffusible stimulant, such as Sulph. Ether, Comp. Tinct. Cajepu, or an infusion of Piper Nigra. Soon he will begin to push aside the blankets, and say he is "getting hot;" at the same time he complains of a furious headache, possibly becomes delirious, and begs for cold water, which he says does not "taste right;" his skin grows red, and is hot to the touch; the pulse is rapid, and likely to be full and bounding; the thermometer now marks about  $105^{\circ}$ ; the patient is restless, throwing himself from side to side, moaning from the headache, and perhaps occasionally vomiting of a greenish fluid; this is about an hour and a half from the beginning of the chill.

We now open our medicine-case, and dispense the remedies indicated; in the great majority of cases these will be one or more of the following: Veratrum, Aconite, Gelseminum, Belladonna, acids or alkalies, and occasionally Nux or Ipecac, assisting the action of our medicines with sponge baths of tepid water, to which has been added an acid or an alkali, according to the indications for either as displayed by the mucous membranes. A cold cloth to the forehead is very acceptable to most patients, especially so if there exists cerebral hyperemia; if the opposite condition prevails, congestion, then a Mustard plaster to the nape of the neck, or Chloroform behind the ears, will materially aid in subduing the brain complications.



The patient is visited again at 6 p. m. We find the skin moist; pulse nearly normal; temperature  $100^{\circ}$ ; resting quietly; may be that he has taken some nourishment. This condition plainly indicates to the experienced practitioner that the temperature will reach normal before midnight, and that it is a case of *intermittent fever*.

Now the natural tendency of this form of malarial fever is to recur every twenty-four or forty-eight hours, and at each revolution to present the same series of symptoms, and so continue recurring for an indefinite period. Then to prevent this recurrence of the paroxysm is the next duty of the physician in charge of the case, and sometimes this duty taxes his ability to its fullest capacity. It is an old saying, and a very true one, that "any fool can break a case of ague, but it takes a smart doctor to cure it." This is true in many cases, for the disease is prone to return in cycles of about seven days, and if the doctor has not been awake to this fact, the patient will relapse, and be as bad as ever before he knows it, and then he has a chronic case of malarial poison to attend to, provided they do not seek some other medical man, who will pilot them over the same round as the one already traveled.

But let us return to our patient. We order the medicine continued until midnight, and make the following prescription, the first dose of which is to be taken at midnight, provided the temperature of the patient is normal at that time: *R.* Quinia Sulph.,  $\mathfrak{zj}$ ; *Tr.* Feri Muriati,  $\mathfrak{f}\mathfrak{zss}$ .; *Tr.* Nux Vomica,  $\mathfrak{f}\mathfrak{zss}$ .; *Liq.* Pot. et Arsen.,  $\mathfrak{f}\mathfrak{zj}$ .; *Acid* Nitric (*C. P.*),  $\mathfrak{Mxx}$ .; *Glycerine*,  $\mathfrak{f}\mathfrak{zj}$ ., *Aqua Pura* ad,  $\mathfrak{ziv}$ . *M. Sig.* Teaspoonful in water every two hours, beginning at midnight and continuing until 10 a. m. the following day. Subsequently take three doses during the forenoon of the third, seventh, fourteenth, twenty-first and twenty-eighth days, counting the day of the attack as the first day.

I imagine I see some of my Eclectic brethren hold up their hands in holy horror when they read this, and cry out, "Shotgun!" Very good; that's what it is; but it takes just that kind of a dose to cure the kind of intermittent fever with which I have had to battle when practicing near the Missouri River bottoms, and it is one that has rarely failed me, unless there was some contraindication forbidding its use that I had failed to note on my first examination.

My idea in the use of this prescription is this: the patient should take six or seven doses, the last one of them to be taken at about the time of the expected paroxysm or chill. Sometimes it may be best to premise the curative treatment with an emetic or cathartic; the vegetative part of the organism may require special treatment; if so, the indicated remedy should be given.

This is a brief outline of my conception and treatment of a typical case of ague, or one of malarial fever. I will consider another type of "malaria" at some future time.

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### REGULAR OR IRREGULAR.\*

*Mr. President and Gentlemen of the Association.*—The above caption has been suggested to my mind as a becoming title for what should be said in response to a recent attack made upon the physicians of a more liberal and progressive type, by the adherents of the allopathic school during their late session in Fort Smith.

Their address of welcome contained the statement that the "dominant idea and chief aim of such organization is and should be to unify and cement into one solid, unbroken phalanx all the ethical members of the regular profession, in order that we may systematically and more effectively and successfully combat charlatanism and quackery, whether it presents itself in the æsthetic garb of Hahnemann's attenuated dogma, or Thomsonianism resurrected from an untimely and unhonored grave and rehoisted with the false but spacious cognomen of eclecticism." The fact of the statement that "to combat all other schools of medicine" is their chief aim is certainly apparent to those who listened to the local medical doctor's address of welcome and the President's annual. The sweeping charge of quackery and charlatanism laid at the threshold of the eclectic and homeopathic schools of medicine, is naught but the unwise and wicked outburst of a conceited egotism, blinded by the glaring falsehood of its own barren cogitations. This was apparent the morning after this fusillade, when the representatives of the schools attacked were congratulated by many who had hitherto employed the old school, for having the manhood and freedom of thought to be separated from a school of such autocratic principles.

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\*Address Delivered by E. H. Stevenson, M. D., of Fort Smith, to the Arkansas Eclectic Medical Association.

The majority of people do, and should all, know that the profession of medicine in Arkansas is represented and practiced by three distinctive schools of medicine.

The rights of these are equal in the eyes of the law, no professional or superior power being recognized in any one of them over the other. These different systems are represented by men, some of noble impulses, sympathetic natures, gentlemanly bearing and demeanor, kind and attentive to the sick—those who respect the rights of others equal to their own and will not frown them down because they differ. They are the men who are sacrificing their lives and pleasures to relieve suffering humanity—their “chief aim” is the advancement of medicine and its allied branches, and not a selfish, pecuniary aggrandizement as the well-seen custom of some appears to be. It is to be regretted that any should turn aside from such a noble calling to stigmatize those of the same profession. If more of the spirit which actuated the much-maligned Thompson, whose ashes were again disturbed by the merciless hand of ingratitude, possessed our beings, there would be many better physicians and more rapid progress made in the healing art. This mighty giant in medical reform appeared at a time when men were revolting at the mortality and appalling consequences of the old-school practice of that day. When the allopathic dogma was to “reduce the patient in order to cure the disease,” they were denied cold water and starved almost to death in order, as the doctors said, “to kill the fever.” They were obliged to be bled, blistered and salivated, or in other words the physician’s main object was to replace the original pathological condition by a disease of his own creation. It was at this epoch, when “old physic” in its practical working was a disgrace to science as well as a curse to humanity, that this class of men, properly styled “medical reformers,” appeared upon the stage. They instituted a system of practice founded upon the principle that nature should be assisted and supported, which was in direct opposition to the prevailing dogmas and methods.

For proclaiming this theory they were stigmatized as irregular, derided and persecuted by the allopaths. They were denounced as ignorant quacks and deceivers, and every obstacle possible thrown in the way of their advancement by the advocates of the “time-honored practice.”

But of this we will have more to say. A gentleman should and will always respect the views of another, though they may be antagonistic to his own, either in medicine, law, theology or other calling or profession. We, who are denominated irregular, and proud to represent a system of medicine which succeeds that of Thompson, have no attack to make upon those who honestly differ with us, but think it our bounden duty to defend the citadel of our practice from such slurs and innuendoes as were recently so mercilessly hurled at us.

The charge comes that we are practicing quackery and charlatanism. Let's see about this quackery. Webster defines it to be "a booster; one who pretends to skill or knowledge he does not possess"—the very thing done by those who "claim the world," and that everything discovered in medicine which is good originated with them and the evil with the irregulars.

Now they endeavor to make it appear that the intelligence of the State of Arkansas, including the most eminent educators and representatives of their universities and colleges, the bar, the bench, the pulpit, in fact from the masters of the sciences to the humblest peasant, have been victimized by the irregulars from the earliest settlers to the present, whose intellects have been too obtuse to detect the imposition until the emissary from regular (?) ranks, has designed to stoop and impart the startling information, assuming it "a duty they owe as responsible (?) medical men to an unsuspecting laity." Pity the unfortunates and spare the blushes of Arkansas intelligence—for her ignorance hitherto unveiled. Doubtless they will be brought under everlasting obligations for this bit of voluntary information.

The question of "regular" and "irregular" medicine is presented and discussed. As yet no law of State or United States has been enacted establishing or recognizing any particular school or system of medicine. Then, if no law, what constitutes regularity in medicine? Does it consist in a particular manner of approaching the bedside of a sufferer, registering a temperature, timing a pulse, dropping a medicine, rolling a pill or folding a powder? They all seem to execute these steps alike. Then is it in the clothes worn, or the turnout driven? In these we find no special difference. Then is it possible the Creator endowed these men who happened to ad-

here to the practice of allopathic medicine with a higher order of intellect and elements of success than those of the other schools? Hospital statistics and mortuary reports will not warrant such a proposition. As stupendous blunders have been noted among the self-styled regulars as those of any other school. There is no special contention or difference between the old and new schools on subjects relating to physical sciences. The collateral sciences of medicine are the same in all schools, such as anatomy, physiology, chemistry, surgery, microscopy, etc. To these they have paid praiseworthy attention, but they hardly seem to have made due advancement in their methods of curing disease. In the use of many medicines and their application to the cure of disease we differ with them and they equally with us. Then should this be a sufficient cause of the cognomens of regular in them and irregular in us? It seems from the position occupied by each, the one differing with the other, that both would be placed in the same relative position, and one would have as good a right to claim regularity as the other, and, in fact, that claim being established by the one naturally establishes it for the other. Then no satisfactory cause for this regular distinction seems apparent. It seems if one is regular all are regular, and *vice versa*. We are forced to conclude the superiority to be imaginary and not real; an assumption, and not a fact. What are we to conclude, but that the other schools are as regular in medical matters as they—both in fact and in law, which knows and recognizes no distinction in name or sect. Just as much of the range of thought and scientific medical research is ours as is claimed by them. As to “dogmas” and “contracted views,” the eclectics, as their name implies, select from all the known methods of cure—from the vegetable and animal kingdoms, from the earth, air and water, or either one of the individual elements or gases composing them. Whether it be from the learned professor at the zenith of his professional attainments, or the old grandmother by the hearthstone of her humble cottage; whether it be proven by scientific tests or the result of denounced empiricism; so it is good and will relieve suffering humanity, we accept it regardless of its origin. As to the dose of medicine, we would give a pound if that amount is required to be effectual. On the other hand, if a drop of a dilution thrown in a barrel of water, of which one drop a day would cure, we would

prescribe that. However, we are in search of the smallest dose that will accomplish the result desired. This is our ground, and we shall maintain it. We go further: we do not bind ourselves to a trades-union code of ethics, but we are free to consult with whom we please, ever cherishing that philanthropic principle, to relieve the sick when it is within our power to do so, even at the sacrifice of a selfish interest, not forgetting to do unto others as we would have them do unto us.

This may be said to constitute the eclectic code, and God forbid our ever being guided by another. This, in contrast with the "old code" of the "old school," lends prominence to the obnoxious feature in their consultation clause, which very emphatically proscribes consultation with physicians of other schools, and even with their own where its members live in open violation of its restrictions, even though perchance it may be for humanity's sake. Then it would seem to be incorporated more for the doctor's benefit and protection than that of the patient whose good alone it should anticipate. It was an attempt at its defence, and regular medicine, so-called, that the president of the Allopathic State Society consumed the greater part of the evening in his annual address, in which was a thrust at specific medication—a prominent feature of eclectic practice. We hold to and practice specific medication, but not in the light viewed by the allopathic school.

With us it does not mean to diagnose a disease by name, as pneumonia, dysentery, typhoid fever, etc., and then have a remedy to fit or cure the name; but first find an expression, either in tongue, pulse, pupil, skin, etc., which tells us of a pathological wrong within, a diseased condition which is met by a certain remedy. If in a case of typhoid fever and another of diphtheria we have the same kind of tongue, indicating a septic condition of the blood, the same remedy will relieve that condition in both cases, however, not signifying a stereotyped treatment in every case of typhoid fever or diphtheria. For in another the indication may be for an acid when in the latter it was for an alkali, or it may be for a cardiac stimulant, while the other was for a sedative. This much of definiteness in prescribing is the outgrowth of the empiricism you condemn, now reduced to a scientific basis, carefully collated from the closest bedside observation and experience. The two small volumes of specific

diagnosis and medication by Dr. John M. Scudder will throw such a flood of light on those regular brothers who think they know, all that can be learned in medicine, that they would be overcome by the power of its bedside provings. But, whatever may be our contempt for their arrogant pretensions to being the only "regular" school of medicine, however much we may condemn their spirit of proscriptive dogmatism, we must accord to them—or at least to many of them—a life of unselfish devotion to science. Yet it will be time enough for us to relinquish efforts at reform—to lose our distinctiveness as a school of medicine—when allopathy discontinues to call herself the "regular" school, and when she removes her proscriptive authority over the legitimate acts of her peers; until that time does come the conflict between antagonistic medical forces will go on. Let me promise, further, by saying that the history of medicine teaches that the dominant influence of one denomination of physic does not contribute to freedom of opinion in medical matters, for if any question the correctness of its teachings or distrust its practice, such one is regarded as an enemy and assailed as such. It also teaches that avowed reformers ever have been outside the sympathies and favors of old physic, and this, too, solely because of a deviation from its principles and practice. Allopathy ever has thus been dominated by a disposition to monopolize benefits rather than share them. Its claims have ever been too exclusive to be truthful; too sweeping to be just; too absolute to be liberal. It has ever stigmatized those who doubted its authority as dissenters, malcontents and empirics; yea, more, it has been guilty of persecuting for opinion's sake those who dissented. If torture chambers and scaffolds had been practicable in the days of the "reformers," they would have been assigned to them; they were not only despoiled of their estate in many instances, but tortured in filthy prisons. Medicine, as well as the church, has had its martyrs. Look at the treatment of Dr. Harvey by the dominant school of medicine in his day, following his discovery of the circulation of the blood. The envy of his regular brethren was at once aroused and poured upon his devoted head with such bitter persecution that he was forced to leave a lucrative practice and find his grave among strangers. Yet through his discovery the healing art received an impetus the world had never before witnessed. Jenner, for the discovery and intro-

duction of vacine virus as a prophylactic against small-pox, suffered an equal if not a worse fate at the hands of this same allopathic tribunal. Thompson was arrested and incarcerated in a filthy prison cell with dripping slime, without fire, light or bed save a pallet of straw, under an allegation of murder, behind whose flimsy gauze was concealed the true cause, and that was for curing several cases that one Dr. French, an allopath, had given up to die. This was done under an obnoxious legislative act, which, from the history, rather protected the right of the old school to kill than a reformer to cure with potent yet simple botanic and domestic remedies.

And, in the face of the nineteenth century, our coming legislature has resolutions already awaiting them, from this old school quarantine, praying a law creating a board of medical examiners for each congressional district. Said board to consist of three members, two of whom shall be appointed by this State Allopathic Society, from their own ranks, the other by the Governor. All this is asked after the open declaration that "their chief aim was to organize so as to successfully combat eclectics and homœopaths, whether in the æsthetic garb of Hahnemann, or Thomsonianism resurrected from an untimely and unhonored grave."

Should this prayer be granted, how mercilessly this legalized medical guillotine would rise and fall in the hands of the "congressional district allopathic vigilants" upon the necks of those who are striving to present a more pleasant, successful and acceptable practice of medicine to the long-suffering people. It might do to assert that this board was in order to elevate the standard of medical education, had they not declared a war of extermination in the address of welcome which they accepted with a round of applause. But the legislature will be able to see their plot in this deep-laid scheme, and the fiat has gone forth that the bill must suffer the fate of the last one. The commonwealth of Arkansas will tolerate no such despotism, either upon her physicians of other schools or the people who desire their services and whose liberties vouchsafe to them the sacred privilege of selecting a physician of any school preferred. Let gentlemanly conduct and competitive bedside success be the test of competency and skill. We are willing to meet them upon this plane. We do not ask for protective legislation, nor do we



hear a demand from the people for its adoption. It alone comes from doctors who are either afraid of their own reputation or perhaps that of their irregular neighbor. If they cannot stand the test they must investigate farther into therapeutics themselves or adopt that of one of those schools which they now, through a spirit of jealousy, denounce.

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### “POSSIBILITIES OF UNITING THE SEVERAL SCHOOLS OF MEDICINE.”

BY I. J. M. GOSS, M. D.

There is an easy way in which all the medical schools can unite, and that without any detriment to the afflicted, and without any sacrifice of principle by any party concerned. All that is required is for the members of each peculiar branch of the profession to agree to test the remedies claimed to be effective by all the various schools of medicine, and to adopt all that actual clinical test may find to be valuable in practice. What objection can any man have to this proposition? The aim of all physicians is to cure the ill or mitigate the sufferings of their patients; hence, as philanthropists they ought to avail themselves of all the means within the compass of their power. No physician discharges his duty to his patient until he has used every remedy within his reach. Then why not use the various remedies discovered by Homœopathists, Botanics, Allopaths or Eclectics? *It certainly takes all good remedies to constitute the Practice of Medicine; and any practice is deficient that rejects a single remedy.* The bickerings of medical cliques have destroyed the confidence of the public in the medical profession to a very great extent.

*There need be no discrepancy of opinion in regard to the law upon which medicines act to cure disease.* I am certain that each medicine acts upon a law, but that one medicine acts upon the law of *similia similibus curantur*, as is the case in Ipecac to allay irritation and check vomiting; and Rhubarb checks ordinary diarrhœa upon the same law. Here the dose must be small to avoid the tonic or pathogenetic effect. Then some medicines, as Jalap, Aloes, Salts, Oil, Rhamnus P., Croton Oil, Scammony, Colocynth, and all purgatives, act upon the law of *contraria contrariis appanenda*. By physiological provings of drugs, the mutual relationship of a drug

to the parts or organs and functions must be ascertained, and the peculiar effect that the drug has upon organs, parts or tissues diseased, then the symptoms indicating a given needed action, in order that we may give our medicines with a prospect of success. We must counteract the morbid cause of the disease, or we must remove it. For instance, in malarial fevers we must antagonize the morbid agent producing the disease, and our dose must correspond to the intensity of the poison producing the disease. The cure here is perhaps by stimulating the nerve centre first, antagonizing the depressing effects of malaria, and also counteracting the malaria by the antiseptic powers of the Quinine or other curative agents.

There are not as great differences among the most learned in the various branches of the profession as one might suppose. Most physicians will use a good remedy when it is thoroughly proven to be a good remedy. Some will not use an unofficial remedy, however effective it may be; but the majority of Regulars or Homœopaths will use all good remedies as soon as they are convinced that said remedy is good. Now, union can be secured easily if all men will just agree to unite in testing the real therapeutical value of all remedies in use and adopting them, regardless of their discovery, whether by Allopath, Eclectic, Botanic or Homœopath. And this is just what every physician ought to do. *He owes it to humanity.*

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## THE IMPORTANCE OF MEDICAL SOCIETIES.

BY J. E. POTTER, M. D.

I wish all Eclectic physicians in this State could realize that their combined and undivided attention should be brought to bear upon our organizations; for our influence must now be felt in organized work. Old scores should be put aside and our faces set to the front. Let all come again to the long-neglected societies; come regularly, and do not come alone, but influence others to come with you. Bring your zeal along, and if you can do but little, *do* that little; for this is all the best can do. It is not the amount of your service as much as the spirit that is valuable. Spirit first, and then comes combined action and gigantic results.

The Hon. J. V. Lewis, of the Senate of Ohio, severely criticised Eclectics for the want of zeal in the way of pushing their cause in the Legislature and before the people. Let Eclectics everywhere take a hint, and at this opportune time place their cause in the

proper light before the people. In view of the selfishness of the Old School, as shown by the equivocal augury and factious manipulations of the Medical Congress, we have an opportune moment presented to us, and if we are alive to our interests we will embrace this golden opportunity.

All should realize that the Regulars, at the next legislature, will endeavor to enact further discriminating and unjust medical statutes; we should apprehend that a crisis in medical legislation is approaching. The question now is one of preparation to meet them half way and prevent, if possible, any unfairness or discrimination. The Committee on Legislation have much to do and prepare for the approaching contest. They must urge more thorough organization and concerted effort. If there ever was a cause for awakening among Eclectics, it is now; now is the opportune moment, now is the time, now or *possibly* never. Never in the history of our State has such a crisis existed as at present. It will not do for one to wait for another; all must help in the plans of the coming year. All should be interested, for all must feel the result, whether it be for or against us.

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### PHYSICIANS' BOOK ACCOUNTS.

BY B. L. YEAGLEY, M. D.

It may safely be asserted that the average physician is not a success in so far as pertains to keeping and collecting his accounts. In general business matters he has been compared to the minister; but the two callings falling into one in some instances, as in brother Munn's case, the coincidence renders the comparison inapplicable. The financial part of the physician's practice should be based upon good business principles, having a carefully arranged fee bill as a guide, and to which he should closely adhere. His capital stock consists in his professional attainments and his ability to reduce them to practice, and he should never underrate his own goods. If professional services to any (charitable poor always excepted) are rendered for a mere pittance, the patron will estimate their value by the amount charged him, while to name a good fee constitutes an important factor in the patient's mind when he is sizing up his medical adviser.

A failure to procure the most concise and approved form of account books, together with the neglect to promptly enter all

charges and credits, entails numerous losses upon the overworked doctor, equalled only by his delays in sending statements of account regularly to all patrons in arrears with a polite request that the same shall be at once adjusted. Too many doctors, when commencing the practice of medicine, conduct their book-keeping as though it were a doubtful venture, with the odds largely against them, and some of that number continue in the same rut during life. A doctor starts with a small blank book, the cost of which does not exceed fifty cents, which must serve as day book, journal, cash book and ledger. Some items he proposes to remember until paid, and some he enters without any regard to system or convenience for reference. This first book is, in turn, supplemented by others of the same kind, kept in the same manner, until the difficulty of rendering a bill including all items is such that it is now concluded to purchase a ledger of like proportions and post up his accounts which have thus far been scattered over some half dozen cheap memoranda, resulting in a loss of not less than ten per cent upon his entire earnings, because of his failure to make proper entries and prompt collections.

The physician's visiting list is useful as a pocket memorandum, but it should never take the place of the day book or journal. Some accounts must of necessity remain unsettled longer than others, but they should all be kept well in hand for ready reference, which cannot be done when using visiting list alone. Well systematized and abbreviated forms of account books, made and printed especially for physician's use, are in the market, sample leaves of which, together with explanation for using, may be had upon application to publishers. Much time and labor are saved by adopting a method of this kind, the day book, journal and cash book being combined. The debit or credit for the entire month is posted as one item into a ledger, conveniently ruled and arranged for determining at a glance the balance remaining due, and also an annual summary of accounts for comparison with previous years.

Let the doctor make his business a cash one as much as possible; but some accounts must be kept, and they should be done so promptly, with the greatest saving of time and labor, and yet as perfectly as would be done by any one entering any business which he considers shall be successful and permanent.

**POSTAL BRIEFS.**

**ADVANCES IN SKIN GRAFTING.**—Redard recommends the grafting of chicken skin, where skin-grafting on the human subject becomes necessary. Little, transparent bits of skin are taken from under the wings of young chickens and laid upon the denuded surface, and secured by Iodoform Gauze and Charpie.

A. S. SAUER, M. D.

**READ, AND KEEP PACE WITH THE TIMES.**—The progress of medical science is so rapid that bound volumes of medical and surgical literature do not keep up with the times. He who trusts to his shelf-books scarcely knows the advancements made. Much of the current literature is not reliable, but the advances in medicine and surgery are found therein.

W. S. CLIFFORD, M. D.

**A LOCAL APPLICATION IN HEMORRHOIDS.**—In the internal variety of piles, where there is a feeling of warmth in the rectum with pain and aching when the bowels are moved, and when there is a pressing down, and more or less blood discharged at the time of stool, a local application is the best plan to pursue. Some persons will need internal treatment, but I desire to call attention to the local applications in such cases.

Provide yourself with some hollow rectum suppositories, and fill them as required with the following: *R.* Gallic Acid, Carbo-ligni, aa gr. xx.; Extract Pinus Canadensis, gr. xxx. *M.* From three to five grains may be used, and the suppositories pushed into the rectum after every discharge from the bowels and at bed time. This is an admirable way of treating such cases.

E. YOUNKIN, M. D.

**WARTS—EPSOM SALTS.**—Seeing something in the journals in regard to the efficacy of Epsom Salts internally, to remove these troublesome parasites, I resolved to test the matter the first opportunity. I beg leave to report the following case:

Walter H., a sprightly news-boy of our town, had his hands and feet literally covered with unsightly warts—I believe he said there was ninety-four on his hands alone. I often begged him to let me experiment on him, but he did not seem inclined to do so until I

assured him the medicine would do no harm if no good, and that I would not charge him anything. With this assurance he consented; so prescribed as follows: R. Magnesia Sul., gr. 54. Aqua, ʒ iv. M. S. Teaspoonful three times per day. When the bottle was gone the warts began to look smaller and peel off some; continued treatment. When the second bottle was used a great many were gone, notably the larger ones. I now increased the solution to gr. iij. to the fl. ʒj., and when one four ounce bottle was used the warts were all gone but one or two very small ones. White spots were left in many places where the warts were located. I forgot to mention the patient was about eight or nine years old. I leave the theoretically inclined to give the *rationale* of the cure.

I send you the above, thinking it may be of some interest to your readers.

J. W. PRUITT, M. D.

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## REPORTS OF SOCIETIES.

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ILLINOIS CENTRAL ECLECTIC MEDICAL SOCIETY.—*Mr. Editor:* Will you be kind enough to give notice that the Illinois Central Eclectic Medical Society will meet at the Commercial House, Lincoln, Ill., Oct. 2d, at 10 o'clock A. M. All Central Illinois Eclectics are respectfully invited to attend.

Faithfully yours,

Morton, Ill., Aug. 15, 1888.

G. R. SHAFER, M. D.

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THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION\* meets at St. Louis, September 11th, 12th, 13th. The programme includes many papers and discussions of importance. The first day will be given to the discussion of Abdominal Surgery; the second to Infant Feeding and some Obstetric subject. The third day will be taken up with volunteer papers and some Neurological subject. Arrangements for reduced rates are being made, and the Society cordially invites all members of the profession in the Mississippi Valley to be present.

J. LUCIUS GRAY, Sec'y.

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\* This is *Allopathic*. We have been requested to publish it, and as all members of the profession have been invited, we take pleasure in its publication.—[EDITOR.]

ARKANSAS SOCIETY WORK.—The Eighth Annual Meeting of the Arkansas Eclectic Medical Association met in the parlors of the Capital Hotel, Little Rock, May 16th and 17th.

The next meeting will be held in Russellville, third Wednesday in May.

The following are the officers elected for the ensuing year: President, J. W. Pruitt, M. D.; 1st Vice-President, R. L. Browning, M. D.; 2d Vice-President, J. N. Ferguson, M. D.; Rec. Secretary, W. A. Jones, M. D.; Cor. Secretary, J. W. Johnson, M. D.; Treasurer, J. M. Park, M. D. W. A. JONES, *Sec'y.*

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## SELECTIONS.

### PYOGENESIS\*

BY HUGH BLAIR, M. D.

If the old woman is asked, "What is pus?" she will say, "It is matter from a sore." If the chemist is questioned, he will say that it is a "thick, creamy, opaque, yellow-white fluid, slightly viscid, having a faint odor, alkaline reaction, and a specific gravity of 1.030 to 1.033. It contains from ten to fifteen per cent. of solid matter, of which two-thirds are albumen, and the rest fatty matter and salts, such as are found in the blood. On standing, it separates into a dense yellow layer—pus corpuscles—and a clear, supernatant fluid—liquor puris. The reason why this does not coagulate is unknown." (*Green's Pathology.*)

One of the most interesting points about pus is the fact that its formation is prevented by the use of antiseptics; so that amputations are now performed very often, where healing takes place by the first intention, and no pus appears.

*Is pus due to bacteria?* We do not ask: Is pus due to septon? Prof. John Tyndall, in his celebrated lecture at Glasgow, after stating that he had cut his foot on the Alps, went on to say that "the inflammation increased alarmingly until I was carried ignobly on men's shoulders down the mountain, and transported to Geneva, where I was placed in the best medical hands. On the morning

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\*Read before Richmond Medical and Surgical Society, June 16th, 1888.

after my arrival in Geneva, Dr. Guatier discovered an abscess in my instep at a distance of five inches from the wound. The two were connected by a channel or sinus, through which he was able to empty the abscess without the application of the lance.

"By what agency was that channel formed? What was it that thus tore asunder the sound tissue of my instep, and kept me for six weeks a prisoner in bed? In the very room where the water-dressing had been removed from my wound, and the goldbeaters' skin applied to it, I opened this year a number of tubes, containing perfectly clear and sweet infusions of fish, flesh and vegetables. These hermetically sealed infusions had been exposed for weeks, both to the sun of the Alps and to the warmth of the kitchen, without showing the slightest turbidity or sign of life. But, two days after they were opened, the greater portion of them swarmed with the bacteria of putrefaction, the germs of which had been contracted from the dust-laden air of the room; and had the pus from my abscess been examined, my memory of its appearance leads me to infer that it would have been equally swarming with these bacteria, and that it was these germs which got into my incautiously-opened wound. They were the subtle workers that burrowed down my skin, dug the abscess in my instep, and produced effects which might well have proved fatal to me."

Pyogenesis may yet be assigned to a bacterial origin. It is no objection to the theory that pus is found in deep cavities, excluded from contact with the air. The frequent occurrence of metastatic abscesses is sufficient proof that particles of matter are conveyed to any and all parts of the body.

Mr. W. Watson Cheyne, at the Royal College of Surgeons, recently delivered some lectures on suppuration and septic diseases. In conclusion, he said: "We have at our command a large number of antiseptics which, more or less, answer the purposes required, and it is only by careful attention to the exclusion of these organisms that we can obtain the best results. That we can completely exclude these bacteria from wounds, both at the operation and afterwards, has been ascertained by numerous experiments; and just in proportion as we are successful in so doing, we are, to a like degree, freed from the occurrence of suppuration and septic disease, and can, to a large degree, reckon with confidence on rapid and painless healing of wounds with the least disturbance to the patient."



What is pus? "The older surgeons believed that this fluid was formed by the breaking up or disintegration of the solid tissues, or that it was the result of the liquefaction or saponification by the acid products of inflammation. Quesnay and Haller exposed the fallacy of these opinions, and modern pathologists look upon pus as a direct product of inflammation. Pus cells have been shown by recent observers to be modified or degenerated exudation corpuscles, and the fluid in which they float to be of a serous character." So says Mr. Erichsen.

It is now agreed that the inflammation exudation cells are the white corpuscles of the blood which have passed through the coats of the vessels. In severe inflammation, the red corpuscles also pass out of the vessels.

"Dr. W. Addison, in 1842, inferred from his observations that leucocytes passed through the vessel walls, and became pus cells; and in 1846 Dr. Augustus Walter saw them escaping. Both concluded that the escaped corpuscles became pus cells." (Green's *Pathology*.)

Dr. Lionel Beal (*The Microscope in Practical Medicine*) says: "The pus corpuscle is not formed by the breaking up of the tissue, and the aggregate of lifeless particles resulting therefrom. Nor is it produced by the precipitation of particles from a clear exudation and their subsequent aggregation to form masses, as Dr. Bennet, of Edinburgh, supposes. Pus, as has been already stated, is a form of living germinal matter, and has descended continuously from normal germinal matter of the body. Virchow has been led to conclude that pus is formed in connective tissue corpuscles and epithelial cells *only*. But there is little doubt that pus may be derived from any germinal matter in the body. The white corpuscle, the minute masses of germinal matter which I have described as existing in the blood, lymph corpuscles, chyle corpuscles, the masses of germinal matter in the spleen and other ductless glands, those found in connection with the walls of the capillaries, germinal matter of the nerves, muscle, and other tissues of the body, give rise to pus if placed under conditions in which they are freely supplied with pabulum."

Further, on this subject, says the same distinguished author. in his work on *Urinary and Renal Disorders*: "As to the growth of

pus, there is no doubt that lifeless nutrient pabulum passes into the substance of a pus corpuscle, and becomes a part of the living particles of which the pus corpuscle is composed. A portion of the living matter passes away from the general mass, and at length becomes detached and free. These pus corpuscles live and grow and multiply in a medium which contains the substance fitted for their nutrition. But the pus corpuscle does not go on growing indefinitely. Before it reaches the largest size which it may attain, it begins to subdivide into smaller portions. The smallest particle separated, being supplied with nutrient matter, grows and gives rise to new particles in the same manner. These vital changes occur in the same order in the case of the simplest living beings in existence as in the elementary parts of the highest tissues of the highest organisms. In the pus corpuscles we may actually see portions of the living matter in the act of moving away from the general mass, and can see them at length detached and separated."

From the figures often given of pus, the reader would be led to infer that all, or nearly all, the corpuscles are of the same size. Such an inference does not accord with the facts. Pus corpuscles, white and red blood corpuscles, and many other cells vary equally in size. For example, in any specimen of pus there are many corpuscles varying in size from one ten-thousandth to one three-thousandth of an inch. Can any doubt that the smallest of these is living, and might have grown into an ordinary pus corpuscle? And who shall say how small a particle of a living pus corpuscle may be capable of growing and producing millions, if supplied with pabulum? Many of the smaller particles are so light that they may be wafted into the air for a considerable distance. Falling upon a surface favorable for their growth, they grow and multiply. There are facts concerning the origin and transmission of the poison of some contagious diseases which may thus be accounted for."

Pus is a morbid product. It does not belong to physiology; it is pathological. It is always the product of inflammation.

"Later investigations (says Green, in his *Pathology*) have confirmed Lister's conclusion in 1858—viz., that the essential lesion of inflammation was a change in the vessel-wall resulting from an injury, which increased the friction naturally offered to the passage of the blood, and was a step towards death. There is no detectable

structural alteration of the vessel, however. So Cohnheim speaks of the change as molecular, and regards it as possibly chemical in its nature. To cover all that we know of the escape of fluid and corpuscles, it is necessary to assume that the molecular change not only increases the friction between the blood and the vessel-wall, but also that it renders the latter more porous."

In inflammation we have dilatation of the arterioles, in consequence of irritation of the sensory nerve. The arterioles being dilated while the systemic blood pressure is maintained, admits excess of blood to the capillaries. The capillaries cannot dilate proportionally. Acceleration of blood flow is followed by retardation, because the vessel-wall is altered. Increased local resistance is the cause of retardation; the vessel-wall is altered by molecular change, and so stasis and thrombosis is reached. Normally the vessels permit the escape of the constituents of healthy lymph, but in inflammation the fluid is changed. Albumen and the tendency to coagulate increase, white corpuscles crowd in; red are found later.

After much investigation, it appears that inflammation leads to depression of vitality, degeneration and death, and that no multiplication of tissue elements and no increased activity accompany it. All the functions of the inflamed parts are depressed. All the new cells in the inflamed parts are escaped blood corpuscles. Green says: "Destruction of tissue is due to the damage done to the elements of the part by injury, to abnormal, physical and chemical conditions from exudation, and to imperfect blood supply in the more advanced stages. It is doubtful whether leucocytes actually destroy tissue; perhaps their only function is the removal of parts which are dead."

In suppurative inflammation no lymph forms and vascularizes; no coagulation occurs. "Serous and fibrinous stages often precede the suppurative, showing that they are minor grades of the process." (Green.) Indeed, in inflammation that ends in new growth it is necessary that the inflammation should reach the fibrinous stage, and not to pass on to suppuration. Pus is an aborted cell. It requires a living cell to absorb sloughs or sequestra. "It is said in the books that a bit of bone, even an ivory peg, surrounded by granulation-tissue, will be slowly eroded; but it may be in pus for months without losing weight, and suppuration is not likely to cease until it be removed." (*Ibid.*)

I have attempted nothing original. My task has been to present the latest and most correct views of pyogenesis for the consideration of the Society, and in doing so I have transcribed very largely from living authors.

Very little is said in the books about pus, and what is said is generally the regulation remarks in the Surgeries that come under the head of inflammation. The facts are few, and the phenomena obscure, and, like all subjects connected with bioplasm, difficult of interpretation. We ask, what is pus? and that takes us back to germinal matter—that is, to protoplasm. And protoplasm takes us to the question, what is life? and if we stop to investigate that subject, we shall be like the idiot who stood on the bank waiting for the stream to exhaust itself.—*Virginia Medical Monthly*.

**RHINITIS.**—Dr. Sajous teaches that in the treatment of simple chronic rhinitis cleanliness is of the utmost importance. The douche is not recommended now as much as formerly, except when the accumulation is great, which is rare. Ear affections are apt to follow the use of the douche. By all means have patient avoid swallowing, if you use the douche, as it is at this moment that the Eustachian tubes open. Breathe through the nostrils. The atomizer is the best apparatus for cleansing the nares. Liquids for this purpose should always be tepid and alkaline in reaction. The temperature of the liquid which is comfortable for the end of the elbow is about right. Never use a bland fluid to nares, as it is irritating, as much so as an acid solution; must be alkaline; may use bicarbonate of sodium, borax or common salt; one drachm of any of the above to one pint of water is about the right proportion. Sometimes can get better results by combining the above.

Use the atomizer about three times a day; if inconvenient to use so often, use especially at night, as a great deal of damage is done by the long-continued irritation. During the day use some protective, as cosmoline, applied to nares. One drachm of bromide of soda added to one pint of the spray often allays nervous irritability. Never use strong solutions. Alum is the best astringent to add to the spray. *Pinus canadensis* is a good astringent for mucous membranes. Sometimes a vigorous alterative to nares is required, then use:  $\mathcal{R}$  Hydrargyri Chloridi Mitis, gr. xv.; Bismuth, Subcarb; Talc aa 3j.; M. Sig.—Use as a snuff. Snuff one a day after wash-

ing nares; this is especially beneficial when there is an abundant discharge. If enlargement of the sinus manifests itself as a complication, severe treatment is required.

Before using a gargle take a full breath, fill the mouth with the liquid to be applied to the pharynx. Throw the head backward, and the fluid flows against the pharynx, and is partially applied to the palate by the air which gradually escapes from the lungs. If necessary for the fluid to reach posterior nares, the patient should lie down, take a mouthful of the fluid, draw out the tongue as far as possible with a handkerchief, and gargle while in that position. By throwing the head suddenly forward the liquid may be brought through the nose.

Under certain conditions Dr. Sajous considers that Cocaine for acute rhinitis is beneficial, say for two or three applications, but for constant use this agent is exceedingly injurious and may cause paralysis. If the patient consults you early, order three powders, each containing:  $\mathcal{R}$  Cocaine Hydrochlorat gr.  $\frac{1}{8}$ ; Morphine Acetat gr.  $\frac{1}{8}$ ; Pulv. Talc. gr. ij.; Bismuth Subnit. gr. iv. Sig.—Ft. Pulv. j. One every three hours. After the three powders have been used, continue the same prescription minus the Cocaine. When the malady has reached the third or muco-purulent stage, the treatment is more difficult, but we can hasten a cure by two-drop doses of Tinct. Belladonna every three hours, with the addition of a little Quinine.—*Medical World*.

**ACTION OF MEDICINES ON THE BILIARY SECRETION.**—A number of experiments as to the action of medicines on the biliary secretion have been made by Messrs. Prevost and Binet, chiefly upon dogs (*Compt. Rend.*). They found that bile itself, taken internally, is the most powerful cholagogue. Other substances acting as cholagogues are Oil of Turpentine and its derivatives, Terpinol and Terpene, Chlorate of Potassium, Benzoate and Salicylate of Sodium, Salol, Euonymin, and Muscarine in subcutaneous injection. Some other substances which are generally considered to be cholagogues are classed by these experimentalists in a separate group, the action of which is slight, doubtful, or uncertain, as Bicarbonate, Chloride, and Sulphate of Sodium, Carlsbad Salt, Aloes, Cathartic Acid, Rhubarb, Boldo, Hydrastis, Ipecacuanha, Propylamine, and Antipyrin. The following substances were found by them to cause a diminution of

bile, viz., Iodide of Potassium, Calomel, Iron and Copper, Atropine subcutaneously injected, and Strychnine in a toxic dose. The drugs found to be without action on the biliary secretion were Phosphate of Sodium, Bromide of Potassium, Chloride of Lithium, Corrosive Sublimate, Arsenate of Sodium, Alcohol, Ether, Glycerine, Quinine, Caffeine, Pilocarpine, Kairin, Cytisine, Senna, and Calumba.—*Scientific American*.

ANTISEPTICS IN PHTHISIS.—The antiseptic treatment of phthisis appears to be generally recognized now as the rational method of treatment. The medicaments used are numerous, and the ways and means taken by prescribers to get the antiseptic or bactericides, as most of them are, to act upon the consumption bacillus, are perplexing. The great faults of the therapeutic writers who are devoted to the subject are that they sound the praises of their peculiar methods of treatment before they have sufficiently demonstrated the value thereof on a large number of cases. One, two, or a dozen cures are not enough to prove the infallibility of any method. Phthisis is one of the scourges of this country, and there ought to be no difficulty in getting a hundred, or even a thousand, patients to submit to any course of treatment which fairly promises to be successful. Until that is the case, we must be content with such results as are made public. In the *Provincial Medical Journal*, Mr. F. Taylor Simpson describes a case in which he tried a method of treatment which had occurred to him. The patient was a young man of twenty-two, who presented all the symptoms of early phthisis, "crowds of tubercle bacilli" being found in his sputum. He was ordered to sleep in a large, well-warmed room, the air of which was to be rendered aseptic by steam impregnated with Oleum Eucalypti and Oleum Pini Sylvestris; to take Ol. Morrhuæ, ʒ ij., and Syr. Hypophosph. Co., ʒ i., three times a day; to eat as much as possible; and to use the following inhalation every night:

Hydrargyri Chloridi Corros., gr.  $\frac{1}{2}$ ; Ammonia Chloridi, gr.  $\frac{1}{2}$ ; Aquæ Dest., ʒ iv.; one tablespoonful to be added to a tablespoonful of hot distilled water, and thoroughly inhaled, in the form of spray, every night.

The patient began to show improvement in about three weeks, and the spray was gradually increased in strength to  $\frac{1}{2}$  grain of the sublimate per ounce. Improvement continued, the crepitations

disappearing in two months, and the tubercle bacilli about the same time. At the end of three months the inhalations were stopped, and the patient put on carefully regulated and nourishing diet, but by this time he had increased in weight by a stone and was quite well.—*Chem. and Drugg.*

OBSTETRICAL APHORISMS.—In cases of post partum hemorrhage, where the patient is dangerously weak from loss of blood, do not neglect, along with other measures, to elevate the foot of the bed, so that the brain may more easily receive blood.

Alum, ʒj to the pint, is a cheap and good wash for excoriated nipples; so is Tincture of Catechu. If the excoriation is very bad, try Arg. Nit., gr. vj. to the ounce of Rose Water. Have the nipples washed though before the child is applied. Protect the nipples with a shield from being rubbed by the clothing; and if these measures are not sufficient, have the nipple covered by a shield while the child is sucking.

Within forty-eight hours, or the so-called "three days," you may have milk fever. The temperature may rise even as high as 103° or 104.° This fever can usually be avoided by keeping the mother on mild unstimulating diet for the first three days after child-birth. In treating this fever, I have found that a continuation of saline purgatives will much decrease or perhaps stop the flow of milk. Accordingly, I use other preparations—compound Licorice Powder, a good ʒ to the dose; or, better still, Castor-oil. When the milk is deficient, Cocoa in some form is generally of good service to increase the flow.

Eclampsia of pregnancy is probably due to a poisoning of the nerve centres by the deficient excretion and consequent retention of urinary products, most likely urea in the system.—*Stewart, Medical World.*

INDICATIONS FOR NITRO-GLYCERIN.—The value of Nitro-Glycerin in various diseases, as angina pectoris, hemicrania, and also in seasickness, certain forms of anemia, etc., depends on the existence in these of an irregular distribution of the blood. This abnormal condition may be recognized by a certain grade of pallor of the skin, especially of the face, an appearance co-existent with a weak pulse and small radial arteries, hard and frequently situated at a certain depth. When, on the contrary, headache and neuralgia occur in

persons with chronic congestion of the subcutaneous vessels of the face, Nitro-Glycerin is contra-indicated; and similarly it should not be used in asthma when the face is congested from the effects of the emphysema. Thus it may be said that the best therapeutic results from Nitro-Glycerin may be obtained in those cases in which angina pectoris, neuralgia, etc., are associated with pallor of the countenance.

The condition of the pulse is the best indication for the use of Nitro-Glycerin, and the safest guide for the determination of the time in which one should begin the cure. The smaller the radial artery is, so much the more rapidly does it dilate under the influence of the drug, and so much less are the secondary effects produced by it; on the contrary, the fuller the pulse, and the more tense the radial artery, so much less this resents the influence of it.

When the pulse is small, the usual dose of one drop of a one-percent. solution is sufficient; while, if the pulse is large, two drops may be required to obtain the full effect. When the radial is soft and the pulse weak, smaller doses should be given—one-half to one-fourth of a drop. The sensations experienced by the patient, throbbing and pain in the head, as well as the distension of the radial artery under the observer's finger, should be the guide for the increase of the dose.—*Gior. Inter. delle Sci. Med.—Can. Prac.*

RELATION OF DIET TO DREAMS.—“Ah, if our dreams only came true,” sighed the young man that boards on South Division Street. “Last night I dreamed that I called on a lord. I find that I can control my visions to a considerable extent by dieting. For instance: If I wish to enjoy a calm night, I eat toast or bread and milk just before retiring. If I wish to have a little excitement, quarreling, disputing or a little active exercise, I eat squash pie. I have found, from experience and observation, that squash pie acts on the posterior part of the brain, where lie the bumps of combativeness and acquisitiveness. I have known times when the consumption of two pieces of squash pie has led me to slay a man for his money within fifteen minutes after going to bed. To make my brain a chamber of horrors, however, I sit down an hour before bedtime and eat three sardines, six olives, a little Rochefort cheese with crackers, washing the whole down with a bottle of Bass. Before morning I charge single-handed with my razor on herds of wild horses and jump from sundry steeples.—*Buffalo Courier.*



*MEDICAL AND SURGICAL ITEMS.*

**TAPE WORM.**—Dr. B. R. Rivers, in *Illustrated Med. Jour.*, says: "In an experience of forty years, I have found nothing better than the following: R. Bark of Pomegranate Root,  $\frac{1}{2}$  ℥.; Pumpkin Seed,  $\frac{1}{2}$  ℥.; Ethereal Extract of Male Fern, 1 ℥.; powdered Ergot,  $\frac{1}{2}$  ℥.; powdered Gum Arabic, 2 ℥.; Croton Oil, 2 drops.

"The Bark and Pumpkin Seed should be thoroughly bruised, and, with the Ergot, boiled in eight ounces of water for fifteen minutes, then strain through a coarse cloth. The Croton Oil should be well rubbed with the Acacia and Male Fern, then mixed with the decoction, forming an emulsion to be given at one dose.

"The usual preparation made is to give a brisk cathartic the preceding night. No unpleasant effect is expected to follow, or at least but little. Look for the worm in a few hours. This has been used by others, and I am not entitled to any credit for it."

**THE TREATMENT OF GALL-STONE COLIC.**—J. Hutchinson (*Brit. Med. Jour.*) believes the most efficient treatment for all forms of hepatic (gall-stone) colic is the administration of anæsthetics to complete insensibility, maintained for a considerable period, and both preceded and followed by opiates. The treatment is similar whether the stone be impacted in the common duct or in the bowel, since it favors relaxation and allays spasm. He has found these means entirely efficient in a number of cases in which he was called in his capacity of surgeon, the physician, from the severity of the symptoms, believing operative procedure necessary.

**NEURASTHENIA.**—Dr. Clark (*Canada Pract.*) summarizes the treatment of neurasthenia as follows:

- 1st. Rest and cheerfulness for the anæmic.
- 2nd. Out-door exercise and work for the plethoric and sedative.
- 3rd. Fresh air, substantial food and absolute cleanliness for both classes, as a rule.
- 4th. No Chloral, no Opium, no Alcohol; in short, no artificial stimulant, soporific or narcotic, of any kind. Three hours of natural sleep or rest have in them more recuperative power than nine hours of stupor or drugged quietude. Such short cuts to rest only murder

natural sleep and strangle the heroic efforts of nature to come back to normal conditions. Even when these stilts are used, it must be after serious and thorough deliberation.

5th. Any employment which will have a tendency to divert the mind away from self-contemplation; and, in short, seeking relief by law of substitution.

6th. I find the best remedies are such as the Arsenites; Cod-Liver Oil; Zinci Phosphidi; Ferri Pyrophosphate; Nux Vomica; Bromides, with Caffeine; Zinc Oxides, with Ergot; and such like.

These tonics and calmatives assist nature to seek again the old paths. If sedatives, or narcotics or stimulants are administered, it is well to mask them as much as possible. We all know their seductive power; and I have been told by dozens of victims to the Alcohol, Chloral or Opium habit that the first knowledge they had of the pleasurable potency of such drugs was received from the family physicians. After their visits ceased the remedy became a luxury, and the druggist was applied to for the material to inflict infinite injury to many a valuable life.

FOUR PRINCIPAL INDICATIONS FOR KALI BICH. IN DIPHTHERIA.—

1. Yellow coated or dry red tongue.
2. In later stage of diphtheritic process, after line of demarcation has formed and slough has commenced to separate.
3. Tough, tenacious exudation.
4. Pain extending to neck and shoulders.—*Cal. Homœopath.*

HAYAH.—A NEW ANÆSTHETIC.—Dr. Lewin describes a new local anæsthetic of surprising power and rapidity—Hayah or Erythrofein. It is surmised that it will rival Cocaine. It is of African origin. A drop or two of an aqueous solution placed in the eye of a cat renders the organ absolutely insensible in fifteen minutes, and remains more or less so for from ten to twenty-four hours. We await further developments with great interest.—A. T. HILLS, M. D., in *N. Y. Med. Times*.

VENEREAL WARTS.—Equal parts of burnt alum and tannin sprinkled in powder on venereal warts will dessicate them, and they can be rubbed off in a few days.—*Can. Med. Rec.*

CERIUM OXALATE IN DYSMENORRHŒA.—M. L. Chambers (*N. Y. Med. Rec.*) prescribed, as a placebo, Cerium Oxalate in a case of

dysmenorrhœa, and found that gr. xv., in divided doses, checked the pains in three hours. He afterwards used it in a number of cases with most gratifying success; and concludes that "in that form of dysmenorrhœa occurring in fleshy and robust women with scanty discharge, in which the pain comes on before the flow, or at its commencement, is spasmodic and colicky, accompanied by a feeling of tenesmus, and is relieved when the flow is thoroughly established, the remedy is most useful." He has found it invariably successful in this class of cases, and usually prescribes it in doses of gr. vj. each, to be taken hourly until the pain is relieved.

**DRY HEAT IN THE REDUCTION OF HERNIA.**—Dr. Penny, in the *New York World*, says: "Having used cold in its various forms as a substitute for taxis in strangulated hernia, with but very moderate success, I was induced to try dry heat in the case of an infant, owing to the extreme intolerance of children to cold. The success was so marked that I was anxious to give it a further trial. The next case was a man of sixty, upon whom taxis had been tried persistently by his attendant physician and a consultant before I was called in. We concluded that an operation would be necessary, but at my urgent request a trial of dry heat was given. The scrotum was elevated and hot flannels were applied, with orders to change them every five minutes. When I returned in a couple of hours the hernia was reduced and the patient asleep.

**DANGERS OF ANTIPYRIN.**—Dr. Raoult (*Le Prog. Méd.*, May 26, 1888) brings together some of the cases in which the use of this medicament has gained unsatisfactory results. Among the symptoms noticed by various observers were tumefaction of the face, urticaria, gastric disturbances, conjunctival catarrh, rapid pulse, cardiac oppression, leipothymia, tinnitus, cerebral depression, and one case of amnesia lasting for eighteen hours. Sée states that all "these accidents are not rare, and do not possess all the gravity attributed to them." The author's conclusions are, that "it remains a good medicament, whose action is sure, but should be induced with circumspection. Its employment will certainly be more restrained when we learn its effects and understand better its proper indications and dosage. Then we will have no more accidents, especially if we may be absolutely certain of the purity of the drug."

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E. YOUNKIN, M. D.,

EDITOR AND PUBLISHER.

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Original Articles solicited from all sources.

Clinical Reports, Surgical Operations and Notes of Interesting Cases specially invited.

The Editor does not hold himself responsible for the views of Authors, and reserves the right to condense lengthy articles.

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## EDITORIAL.

### THERAPEUTICS OF SUMMER DIARRHŒA.

At the Wilson Sanitarium, Baltimore, a child with acute diarrhœa and vomiting is taken from the breast or bottle, and no food is allowed except beef tea, which is given it for twenty-four hours. Calomel, one-half to one-sixth grain is given hourly for a day or two, to quiet the stomach and excite secretion of the liver. At the end of the twenty-four hours sterilized milk is given. If the vomiting returns the milk is stopped, and beef tea is resumed for twenty-

four hours, when milk is once more tried. No artificial foods are used. Irrigation of the lower bowel is practiced two or three times a day, if it proves beneficial. In chronic cases, Resorcin, gr. ij., with Tr. Opii Deodorata, gtt.  $\frac{1}{2}$ , is given every two or four hours. When vomiting proceeds from nervousness, Sodæ Bromide, gr. ij., and Choral Hydrate, gr. j., are given every two or four hours, to a child six months old. This same prescription is used for sleeplessness, and as a rule no further medication is required.

For irrigation of the bowels a fountain syringe full of tepid water is connected with a soft rubber catheter, about fourteen inches long, and the catheter, oiled, is passed into the rectum and descending colon. The water, a gallon or more, is allowed to flow into the bowel and out again by the side of the catheter. The irrigation is painless, and often aids greatly in recovery, especially in severe cases resembling cholera infantum. Dr. Dupre, in *Rev. de Therap.*, recommends, R. Oxide of Zinc, gr. 53; Tinct. of Rhatany, gtt. xx.; Simple Syrup, ʒvijss. mix.; a teaspoonful every half hour until vomiting and diarrhoea are relieved. In the green diarrhoeas of children, Dr. Hayem recommends that a teaspoonful of a two per cent solution of Lactic Acid be given every hour. In adults, when flux is chronic and accompanied with dyspepsia, a rapid cure has been effected by three tablespoonsful of the same solution given at short intervals. Nitric Acid has been remarkably useful when the stools are acid and watery. It stops the fermentation which produces the acid and stimulates the flow of bile.

Dr. Starr, in *Medical Standard*, says treatment varies with the case. Should the patient be seen early in the attack, it is initiated by a laxative, Castor Oil and Paregoric or Spiced Syrup of Rhubarb. When the stools are yellow and not very frequent, alkalies and astringents: R. Sodii Bicarb., gr. xxxvj.; Syrup Rhei Aromat., ʒiv.; Mist. Cretæ, q. s.; ad. ʒxxiv. M. S.; a teaspoonful every two hours. When stools are frequent, green and acid: R. Syr. Rhei Aramat., ʒiv.; Bismuth Sub. Carb., ʒij.; Syrup Acaciæ, ʒiv., M. S.; one drachm every two hours. If the evacuations are liquid with whitish and green flakes, and the above treatment fails: R. Pulv. Ipecac Comp., gr. ij.; Hydrag. Chlor. Mit., gr. ss., Cretæ Preparata, gr. xxxvj.; M., ut. ft., Chart. No. xij., Sig.; a powder every two hours, for twenty-four or forty-eight hours, or until the

stools become yellow and homogenous. Ipecac, where there is much tenesmus with discharges of blood and mucus. Stimulants: Wine of Pepsin, Brandy or Whisky where there is prostration. Naphthalin is ordered: *R.* Naphthalin, Ground Coffee, aa gr. vj.; Sugar of Milk, gr. xxiv.; *M.*, ut. ft., Chart. No. xij., *S.*; one powder every two hours.

For cholera infantum, to check the diarrhoea, Opium and astringents are necessary. A very serviceable formula is the following: *R.* Liquor Morphinae Sulphat., ʒj.; Acid Sulphurici Aromat. Minum, xxiv.; Elixir Curacoe ʒij.; Aqua, q. s. ad. ʒxxiv., *M. S.*; one teaspoonful every two hours for a child six months old. When collapse sets in the quantity of Alcohol must be increased, and when the stomach can bear it, a combination of stimulants is useful, as: *R.* Spts. Frumenti, ʒiv.; Ammon. Carbonatis, gr. xxiv.; Aqua Ment. Pip., q. s. ad. ʒxxiv.; *M. S.*; one teaspoonful p. r. n.

The above prescriptions are going the rounds in our present literature as remedies emanating from men of standing and experience; but from our standpoint, notwithstanding the great variation in the treatment of summer diarrhoea, we think there is much useless display of drugs, if not remedies that are absolutely detrimental to the individual cases. The sooner physicians get rid of the haphazard method of prescribing for disease the better. Not only do we observe the useless blending of remedies in the above but doses entirely too large.

Calomel, in one-tenth grain doses, or even one-hundredth grain doses, is to be preferred to that of one-sixth to one-half. The administration of Morphia and Opium in summer diarrhoea of children is, from our experience, highly dangerous, and but few cases can tolerate an opiate. The Oxide of Zinc, as recommended by Dupre, is in doses entirely too large. It is a good remedy, but from one-fourth to one-half grain at a dose is sufficient. As to Castor Oil and Paregoric, the sooner such treatment is abolished the better. When a child is attacked with diarrhoea, having fever, Aconite in small doses is the remedy. To control the vomiting, Tincture Ipecac in small doses, say ten drops to four ounces of water, a teaspoonful every two hours. In chronic diarrhoea with watery stools, some preparation of Zinc—the Oxide or the Precipitated Carbonate, or the Sulpho-carbolate of Zinc—can be given with

excellent effect. In nervous vomiting and sleeplessness, the Bromide of Sodæ or Bromide of Potassa can be given with advantage.

In all cases the food, of whatever quality is taken, will be digested with difficulty, hence there is a demand for a digestive ferment. There is more in well-selected nourishment than in drugs. Mutton tea, made from lean meat, is better than beef tea. In yellow stools, the Syrup of Rhubarb and Potassa Comp. is a good old-fashioned remedy. Recently I have preferred, however, Potassa Bromide with Syr. Rhei Aromatic. Bismuth and Chalk are given in cases of irritation of the mucous surfaces. Don't forget the antiseptics to counteract the fermentative processes—Boracic Acid in small doses. Combine with this drug *Mentha Arvensis*, or a little Thymol. Some use Carbolic Acid or Creosote. I believe they are too irritating. If the objects to be obtained are kept before the mind of the physician he will be able to meet each individual case with single remedies, and thus treat every case intelligibly and scientifically.

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## THE ALKALOIDS AND THEIR RELATION TO BACTERIA.

An alkaloid is a salifiable base, discovered by modern chemistry, and known to exist in both vegetable and animal matter. All alkaloids contain nitrogen, and with this carbon, hydrogen and oxygen are often, but not always, present. At first discovery alkaloids were regarded as peculiar to vegetable substances, but more recently investigation has shown that they exist in some form both in the dead and living animal bodies.

*The vegetable alkaloids* are essentially those properties in plants that act with energy upon the animal economy, and hence are frequently employed in small doses as medicine, though it is doubtful as to the spirit of all drugs residing in their alkaloids, and in some instances the energetic properties have been isolated from their alkaloid. Alkaloids may be either poisonous or non-poisonous according to their properties and the amount administered. The first vegetable alkaloid discovered was Morphine. This was introduced by Sertürner in 1817, and its discovery was soon followed

by a list of vegetable alkaloids, which now are as numerous as the stars of the firmament.

For a brief space of time it was supposed that alkaloids could only be elaborated from the cells of plants, but soon it was discovered that animal bodies possessed like substances. These were first taken from the dead bodies undergoing decomposition, and to distinguish this class from the former the term ptomaines was given by Selmi in 1875.

*Ptomaine* is a generic term, and is applicable only to the post-mortem alkaloids. This class of alkaloids is somewhat numerous, though not all of them are regarded as poisonous. It has been observed that certain articles of food, when in a state of incipient putrefaction, not sufficiently advanced to be detected by the odor, are capable of producing poisonous effects marked by violent symptoms, and even death, in the human subject. Ptomaines have been isolated from ham, sausages, muscles, cheese, milk, canned goods, ice cream, and other articles of food, when decomposition had been commenced, before it could be detected by the taste or smell. Tyrotoxin is one of the poisonous alkaloids found in such articles of diet. Just how it is formed is beyond our present state of knowledge, and, strange to say, that the poisonous alkaloids, for the most part, remain only for a certain period of time and during a certain stage of decomposition, after which they are converted into other forms, which may be non-poisonous.

As these new substances were first known as accompaniments of fermentation and putrefaction, the germ theorists have associated them with bacterial life. Some maintaining that the alkaloids are no more nor less than the excrement of bacteria. Whether it is more reasonable to suppose that ptomaines originate in this way or whether their origin is the same as the vegetable alkaloids, namely, the result of chemical change in cell activity, the reader is allowed to judge. For my part I believe that the great train of animal chemistry does not pause in its onward march by the bacteriological stampede; and the fact of the discovery of similar substances in *living* animals, including man, and animals recently killed, renders the bacterian theory exceedingly doubtful, the absurdity of which we shall show further on.



*The putrefaction process* is a process that takes place gradually with a geometrical progression, and hence the salifiable bases of the different cadaveric alkaloids are not all attacked at the same time. Those which are the most perishable enter into chemical change first. *Lecithin* is the first, being the most unstable, and its chemical ferment takes place immediately after death. It is converted into stearyl-glycerophosphoric acid and choline, and after seven days choline is no longer present.

Now, three days after death, *neuridine*, another base, puts in its appearance, and in fourteen days it is no longer present.

It is unnecessary to run over the many elements to show how the different cadaveric alkaloids arise. This method would be a worry to the reader, and enough has been shown to serve our purpose on this occasion. *Leucomaines* is a term applied to the alkaloids produced in the *living* body. The healthy living body includes these basic substances. The lethal secretion of the poison glands of some serpents would seem to owe their poisonous effects to the activity of some alkaloid. Several bases have been extracted from fresh beef. Liebig gathered these from urine; Bouchard from fæces. It has been claimed by our wise men that uræmic poisoning is not so much due to the retention and absorption of urea, as had been supposed, as to the retention of toxic alkaloids contained in the urine.

*The physiological ferments* demand our notice. Take, for instance, pepsin, pancreatin, or ptyalin, and is it reasonable to suppose that these ferments must take place by the intervention of bacteria? We prefer to believe that the human organism is a laboratory of itself, and is capable of manufacturing a ferment without bacteria, and it does not follow that cadaveric fermentation and cadaveric alkaloids must necessarily be the result of zymes. It has been shown by numerous experiments that a solution of peptone injected into the circulation causes violent symptoms of poisoning, and by these experiments it is held probable that the poisoning from cadaveric matter is due to peptone.

If the bio-chemical forces of the healthy living animal body are competent for the formation of leucomaines, it will require no strain of reasoning to show by analogy that the ptomaines originate in the same way.

We believe that the bio-chemical forces, acting upon the basic salts, are capable of elaborating the various alkaloidal groups, and that bacteria are the mere scavengers to rid the pabulum of its waste material. This idea is in harmony with the more apparent laws of nature. Take, for example, the dead animal by the roadside. Putrefaction is set up and the chemical forces are at work in the tissues. Gases are emitted and flies are attracted to the carrion. Soon the body teems with worms, and on our return the dead animal is eaten up. The chemical forces had a purpose; the gases had a purpose; and then the forces from without had their purpose, and all is gone. By parity of reasoning, we may see, by the microscope, the same processes, though in minuter forms.

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### STYLE, GENTLEMEN—STYLE!

You are sometimes called where another physician has been in attendance. Have you not been impressed with the amount of drugs setting on the table? There are bottles of various sizes and liquids of many colors—the sweet and sour, the hot and bitter. Look at the dirty goblets, teacups and saucers. It is the result of a mental tornado. That physician has been put to an extremity; that physician is careless. I have heard of people depicting character by a lock of hair, but it requires no conjurer to depict the mental state of a physician's mind, and even the school to which he belongs, when we observe the bottles and dishes with their many compounds, often repugnant to the taste, to the eye and to the orderly, perhaps close to the eyes and nose of a sensitive patient. When a patient enters your office with a finger tied up in a dirty white rag and a black string around it, you think that it is the work of some old woman or some person not skilled in medical or surgical cases; but you may mistake in this, for some doctors are equally as uncouth and unskillful in their dressings.

Medicines should be dispensed in the following way:

*First.*—The kind of drug to meet the emergency of the case. Nothing should cause us to deviate from this essential point.

*Second.*—Medicines should be dispensed to please the eye. There are so many ways in which this can be done that a physician is culpable if he does not observe this rule. If it is a liquid, the

bottle itself should not be a pepper sauce nor a pint flask. It should not be a quart bottle when only a few drops are to be held. The label should be in print so far as practicable—a neat label—your name in modest type is admissible. The contents, if black as tar, the bottle should be of colored glass and the label small, without bombastic display. A mixture of tincture of iron with some vegetable tannic drug tells badly on the prescriber.

*Third.*—Medicines should please the taste. In some cases this rule is the hardest to overcome. Suppose the drug is podophylin. In powder it is horrible. Then give it in pill, or granule, or in capsule? There are so many forms in which drugs are put up, in neat and tasteless form, that surely you can find some of these adapted to the individual case. Do not sacrifice the drug required for the matter of taste, as we think our homœopathic brethren often do; but select some form, or choose some method that will not put your patient to the rack and torture at every dose.

*Fourth.*—When you get through with the drug and prescribe another, set the former away out of sight; and in this way, though you have used nearly the whole *materia medica*, it is not so easily observed.

*Fifth.*—If an ulcer, a felon, or a broken limb requires a dressing, let it be put up according to the art. It is a pretty sure rule from which to judge, that if a limb is carelessly dressed with no order in its apparel, the treatment beneath is unscientific. There is as much in the style and manner of doing things as there is in the thing done.

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## THE UNITY OF TRUTH IN MEDICINE.

The tendency of the times is to the expansion of the intellect and the convergence of thought and action. Mind requires a comprehensive development. Culture calls for the trained man who can use himself when thrown at any angle. An education that will earn a man a living and not starve him to death. The aim of education is power, and ought to strengthen our forces—not to weaken them. Man cannot rise higher than the sum of his excellencies. His welfare and happiness should be the outgrowth of his disciplined power. How to live by his profession; how to be successful in the

alleviation of suffering and to cure disease—these are the real functions of medical education. To properly fulfill these ends, there must be mental training, moral culture and physical endowment.

Education is an unknown quantity: A man may be a trained fool or an obedient slave, but truth will make him free. The age cries out for trained artisans, artists, mechanics, lawyers, physicians—for men of science, to overcome the blind forces yet unsubdued.

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### HANGMAN'S DAY.

Governor Hill, of New York, granted a respite of four days to Dan Lyons, a murderer, who was condemned and sentenced to be hung August 17th. The day of execution having been set on Friday, the Governor says: "I have heretofore had occasion to say that I disapprove of the custom which has so long been in vogue of having all executions upon Friday. For many good reasons, unnecessary to be here reiterated, I think it is better that executions should not invariably occur upon this particular day of the week, but that instead thereof other days should occasionally be designated. I have accordingly concluded to grant a respite in this case till Tuesday, August 21st, 1888."

We believe this is a strike at a reform in the right direction. No special day of the week should be set, either by law or by custom, for the execution of an act that grates upon the sensibilities and feelings of the public. Let such acts and memorials be forgotten, and let no day or place mark the horrors of the deeds of violence and crime.

Gov. Hill has recently signed the bill passed by the State Legislature which abolishes hanging for all murders committed after January 1st, 1889, and substitutes instead death by electricity.

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### THE AMERICAN MEDICAL COLLEGE.

By the time this issue of the JOURNAL will have reached its readers the new building of the American Medical College will be completed, and the class for the fall and winter session will convene in its amphitheatre on the 3rd of September. The erection of this structure has been phenomenal. The builders have faithfully

labored to complete it within the specified time. It has required earnest work upon the part of the trustees and faculty. They have been untiring in their zeal and energy. Others from without have come to our assistance, so that it can not be said that this college is owned and controlled by any one man. It is a college for the Great West and for the great State of Missouri.

The compartments of this college are all arranged with special reference to the comfort and convenience of its students and professors. It is well warmed and lighted and every part is utilized for the convenience of medical and surgical teaching. No better location could have been found: in the heart of a great city where clinical material is in abundance and anatomical material ample. The building is on high ground, where, from its dome and windows, a very large part of the city may be seen. Convenient, and yet away from the noises of the city and from the demoralizing sections so common in large cities. The external surroundings cannot be surpassed, and the internal of this institution is filled with a full, earnest and energetic corps of instructors.

We cordially invite all members of the profession to visit us when in the city.

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### THE UNDER SURFACE OF THE TONGUE AS A GUIDE TO DIAGNOSIS.

There is no organ of the human body so much relied upon in the diagnosis of disease as the tongue. It is studied in all its phases, and is a ready sentinel that tells of the condition of all the fluids and solids within the organism. It shows the condition of every organ and every departure from the physiological standard. The student's first lesson is the tongue and its conditions; and the old physician, after years of study and practice, still finds the tongue a vast field for study.

The upper surface has been, until recently, the part examined, but now it is turned down-side up that we may study from its under surface the intra-cranial lesions. Dr. Gillot, in the *Medical Record*, asserts that the under surface of the tongue often presents certain points of diagnostic significance to reward the physician for his trouble in inspecting it. He points to the superficial ranine vessels-

especially. In the young and healthy the veins alone are prominent beneath the mucous membrane; but in advanced age, or as the result of disease, the veins are dilated, tortuous and varicose, the venules and capillaries visible, and in many cases little dilatations, like grains of sand, may be seen on the smaller vessels. They are of various sizes, detected by the aid of the lens, or large enough to be seen by the naked eye. They are often grouped together like a bunch of grapes, and their color varies according to the condition of the circulation, from a bright red to a purple or almost black. Dr. Gillot regards these projections as true miliary aneurisms, analagous to aneurisms of the cerebral vessels, and are diagnostic of this condition of the vessels in the brain.

Dr. Gillot regards these conditions of the tongue as valuable in determining the cerebral circulation, as the examination of the fundus of the eye, and more readily made, as no instruments are required. Dr. Gillot regards the presence of these dilatations as evidence of the arthritic diathesis, in which there are manifestations of gout, rheumatism, gravel, cardiac affections, etc. Whether Dr. G. is correct or not, he has called attention to a few facts in relation to the condition of the under surface of the tongue which may repay those who, with little trouble, can investigate the subject.

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### SHOOTING AT THE MOON.

The *Scientific American* gives an account of four thousand indians at the Anakee agency, who assembled there for their rations at the time of the recent total eclipse of the moon. The savages were greatly excited, and the chief ordered them to shoot at the "evil thing." The force of indians opened fire in the air and kept up their shooting until they had exhausted their ammunition. When the moon appeared in view after the eclipse had passed, wild whoops went up for what they believed to be their victory.

We often wonder how many physicians there are who shoot at the moon, and when the smoke of battle clears away the shout of victory goes up, when perhaps the ball never reached its mark. Many cases are reported to have yielded to some drug or by some new experimentation, when perhaps the results were due to other causes aside from the thing done or the drug administered. It

requires a series of experiments to establish the beneficial effects of a remedial agent. Because a single case recovers under the administration of a certain drug, is an evidence insufficient to establish its beneficial effects. It must be by a conspiracy of evidences, owing to the fact that diseased conditions will often be relieved by the powers of nature, even under adverse circumstances.

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### BOOK AND PAMPHLET NOTICES.

ATLAS OF VENEREAL AND SKIN DISEASES, BY PRINCE A. MORROW, A. M., M. D., in fifteen monthly parts, each containing five chromo-lithographic plates in flesh tints, with descriptive text; \$2.00 per part.

Part VI. is now out, and contains plates XXVI. to XXX., illustrative of tubercular, serpiginous, gummata, vegetous and gummous syphilide. The work is being rapidly put forward. It is the finest extant. Published by Wm. Wood & Co.

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CATARRHAL DISEASES OF THE NOSE, THROAT AND EARS. BY THOS. F. RUMBOLD, M. D. Including anatomy, physiology, pathology, etiology and symptomatology of these organs. Illustrated with one hundred and forty-eight plates, some of which are chromo-lithographic. Second edition re-written and enlarged, comprising ten hundred and fifty-four pages. Price, cloth, \$8.00; sheep, \$9.00.

This is an exhaustive treatise upon catarrhal diseases of the nose, throat and ears, written by one who has given special study to the subject. The book is neatly gotten up and the illustrations are fine. Dr. Rumbold is somewhat of an original in his modes of thought and treatment. He has also devised a number of instruments for the treatment of the nose and throat. "My attempt," says the author, "has been to discuss catarrhal disease of the nose, throat and ears as a unit. I contend that throat complaints can be more successfully treated in connection with the pharyngo-nasal and nasal inflammation, which always exists, than when treated alone; because the disease of the throat is a disease of the nasal passages

extended to the throat; and that diseased ears can be more successfully treated by treating the rhinal inflammation which always exists, since the ear disease is a rhinal inflammation extended to these organs." Indeed, we are much pleased with the author's views upon these subjects, and we bespeak a large sale for this work. We will take pleasure in sending the book to our readers at publisher's price.

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ABDOMINAL SURGERY. BY HAL. C. WYMAN, M. S., M. D.

The purpose of this work is to aid students and practitioners in the elementary study of abdominal surgery. The book comprises eighty-three pages, and is a part of Physicians' Leisure Library, published by Geo. S. Davis, Detroit. In paper cover it is only 25 cents; cloth, 50 cents; the whole set for \$2.50 and \$5.00. Every physician should supply himself with this little brochure.

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## NOTES AND PERSONALS.

THE RESULT OF A HIGHER EDUCATION.—Seeking to ingratiate himself into the good graces of an old German farmer, a young doctor remarked that he had the advantage of both the Homœopathic and the Old School, having graduated in both. After listening attentively to the young medico for a few moments, the old German remarked: "Oh, dot vas noding. I had vonce a calf vot sucked two cows, and he made noding but a common schteer after all."

PEPTONIC ELIXIR.—The problem of a thoroughly satisfactory Liquid Pepsine has been solved by the Mellier Drug Company, who can guarantee, in presenting their Peptonic Elixir (Elixir-Pepsini-Acidi), that this preparation contains more peptonic strength than any other in a liquid form. It is exceedingly palatable and much cheaper than other similar ones. Attention is called to their advertisement, and their offer to send a bottle of the regular size to the address of any physician applying for same who will agree to pay express charges on the package.



THE ECLECTIC MEDICAL SOCIETY OF SOUTHWEST MISSOURI will have its next regular meeting at North Springfield, the first Tuesday in November. Let every Eclectic in the southwest portion of the State make his arrangements to be in attendance; come prepared to have a good time. The common enemy of liberal medicine is well organized, but we have nothing to fear if we do our whole duty. Let's have no laggards; a good organization of Eclecticism may work wonders in the Southwest. Let every Eclectic in the southwest part of the State send his address to the Secretary, North Springfield. Physicians on arriving in the city will please report at the office of the Secretary, 434 Commercial Street.

R. L. GALBREATH, *President*.

S. W. MORELAND, *Secretary*.

THE MERITS OF THE TWO SCHOOLS.—A Partingtonian old lady, being asked her opinion of the relative merits of Homœopathy and the Regular School, answered, that for *infantry* Homœopathy might be good enough, but for *adultery* she preferred the good old-fashioned doctor.

We do not object to other journals copying from our columns, but we would like to have due credit for the original matter.

Dr. Karl Kilcher, of Prague, made the repugnant experiment of swallowing some blood of a man who had died of typhus fever, and death was caused by septicæmia.

*The Medical Register* is responsible for the following: "A New York jury recommends that druggists shall not be allowed to sell rat poison except upon prescription of a physician."

Dr. J. M. Da Costa, the Middleton Goldsmith lecturer, has requested his compensation (\$100) as lecturer to be applied to any purpose which might seem desirable. The trustees of the institution have decided, as a fitting tribute to Dr. Da Costa's generosity, the purchase of some microscopes for the use of the Society.

The New York *World* says, that if a lobster is boiled alive the tail will be contracted under the body as an evidence of the nervous shock sustained. What the New York *World* expects to make out of this experiment when tried on the human subject is now the question.

CAMPHO-PHENIQUE IN MINOR SURGERY.—On July 27th last, E. S. A., a lad of some sixteen years of age, while rambling around the basement of his home, stepped on an old sash frame, and a bit of broken glass inflicted an ugly wound on his right foot. The cut extended from below, upward and backward along the posterior border of the external malleolus, and was some three inches or more



in length. I was not called until the ensuing day (July 28th) after nightfall. The hæmorrhage had been profuse from the first, but had been controlled by compresses, which I found in place when I called. I found the lad lying on his back with the wounded member supported by pillows. When I attempted to examine it the pain was so great that he would not let me remove the temporary dressing. I was not prepared at the time to administer an anæsthetic, and so contented myself at this visit with giving him an anodyne, in the hope that a night's rest would reduce the hyperæsthetic condition sufficiently to permit an examination and proper dressing on the ensuing day. On the morning of the 29th I returned and found the limb still too painful to handle. I consequently placed the patient under chloroform and made an examination, finding the injury about as described in the outset and as shown in the accompanying figure. Under continued anæsthesia I cleaned the wound, coapted the borders and put in the requisite sutures, dressing it afterwards with gauze saturated with *Campho-phenique* and Oil of Cade, covering the whole with absorbent cotton and a roller bandage. The pain subsided almost immediately and the patient rested easily. On the 31st I returned and renewed the dressing without causing any pain, and, finding that resolution was progressing rapidly without pain or the formation of pus, gave instructions to the family

in regard to renewal of the dressing and dismissed the case. I can now report that the process of resolution continued without interruption. There was no return of pain or inflammation, and the patient was out and around in a few days. The complete suppression of pain from the very first application of the dressing was not the least remarkable feature in the case.

E. L. STANDLEE, M. D.

The Code of Ethics of the American Medical Association and the Constitution of the United States are two different documents. The former divides the profession and the latter unites the profession. The former has no standing in law; the latter is the foundation of law. The former is a bundle of arbitrary dogmas; the latter is a system of principle laid in justice, which regards all men free and equal.

WHAT COCAINE TO USE.—There are many brands of Cocaine in the market, and many physicians have found to their annoyance that some are inert and some very irritating when applied to a sensitive membrane. It may therefore be of service to physicians to learn the experience of Dr. Dudley S. Reynolds, editor of *Progress*, who, in the July, 1888, number, expresses himself in this wise:

"The medical profession has about settled its estimate of the therapeutical value of Muriate of Cocaine, but it is, unhappily, no easy matter to decide upon the most uniformly reliable source of supply. The editor of *Progress* had about concluded Merck's was the only reliable product, when recently he was induced to make a trial of that produced by Parke, Davis & Co. A fresh sample of ten grains was dissolved in five drachms of distilled water, to which was added one drop of liquid Carbolic Acid. One drop of this instilled into the eye of a man from whose cornea a foreign body was to be removed, produced complete anæsthesia in three minutes, so that incision of the inflamed cornea, and turning out of the piece of offending metal, was not felt by the patient. Twenty other similar experiments yielded similar results."

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## *ORIGINAL COMMUNICATIONS.*

### **MEDICAL EDUCATION.\***

BY L. T. BEAM, M. D.

A higher grade of education seems to be a leading idea among all schools of medicine, but the best means of attaining the end involves a problem that has not as yet been satisfactorily solved. Among the many others that have tried their hands on it was Dr. Garnett, president of the old school convention held in Cincinnati last May. Reflecting, as he manifestly did, the opinion of his co-associates, we are justified in taking his theory as the one to be advocated by his school; and as such it merits a brief notice at least.

Taking as his topic for discussion: "The Mission of the American Medical Association," he said, their "mission would not be accomplished until they had brought about a radical and thorough reform in the present system of medical education in the United States. And that they should endeavor to elevate the system in this country to a standard equal in dignity and attainment to that which attains in Europe." To accomplish this, and in the mean time "curtail the number of medical schools, and thereby restrict the annual host of graduates turned loose upon the public," he proposes a committee on legislation, to act in the capacity of lobby members, according to the duties he outlines for them. Among their other duties he

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\*Read before the National Eclectic Medical Association, at Detroit, by Dr. Piper.

names that of visiting legislatures for the purpose of securing a "reduction of medical schools," and a "diminution of medical graduates;" and also to see that "all charters for medical schools shall contain a clause requiring a full term of four years' study \* \* and that no student shall be matriculated who has not passed an oral and written examination in the ordinary branches of academic study; and further to secure an ordinance creating a board of medical examiners in each State and Territory, to examine all applicants for license to practice medicine in their respective States and Territories."

Tested by the fair laws of interpretation this official deliverance of the Regulars may be summarized to mean a systematic and organized effort to revolutionize the Democratic American system of medical education into the prevailing Aristocratic ones of Europe. In other words, to abolish all competitive features, by giving all the advantages of education in favor of money against brains. This plan would debar a great many from entering the medical profession, as it would embarrass most of our ambitious young men in such a manner that they could not enter upon the studies incident to the practice of medicine.

The whole plan is so thoroughly foreign to our American institutions, so thoroughly "English you know," that the wonder is how it ever originated on American soil. The idea is to make medical education a governmental institution, just as the Church of England is. Hence President Durham has just said in his address before this Association: "We object to the laws of any State establishing a State Medical School and placing in its hands police power over the entire medical profession of the State."

While granting all rights and privileges to our Allopathic friends that belong to them, and recognizing their right to run their own colleges as they choose; we object to their claim of regulating schools over which they have no legitimate control. They may own a big share of the country, but we do not admit that they own the whole earth. Living as we do in a free country, where certain rights and privileges are inalienable heritages, no profession or class of men should arrogate to themselves the prerogatives of a privileged aristocracy, and thus try to secure favors for the wealthy to the injury of the poor. The evident design, as well as the tendency of the

theory advanced and advocated by Dr. Garnett, would be to limit the practice of medicine to University graduates—in other words, to fence it around with such long terms and high fees as to prevent all except the sons of moneyed men from ever becoming physicians.

The sons of the unfortunate and widows, though endowed with mental abilities of the first order, would then aspire in vain to enter the medical profession. As has been truthfully said by our worthy president in his address: "If this proposed policy should prevail, the masses from whose ranks have ever been and ever will be recruited the best brain and superior skill, would be practically excluded from a profession pampered by monopoly, wealth and exclusive prerogatives."

We should remember that we are living in America, and not under a regime which fosters a privileged aristocracy. Heaven forbid that, in this heritage of the fathers of the revolution, the time shall ever come when the ranks of the medical profession, as a rule, shall be filled by the sons of wealthy men. Hear Dr. Garnett lament the incompetency of the systems of study pursued in this country, when contrasted with those of Europe, and also the radical difference in the education of the masses of students of the two countries. He says: "We have medical colleges in this country unsurpassed by those in Europe in their essential appointments and facilities for education, yet we fall behind the latter in the systems of study which we pursue. There is also a radical difference in the education of the mass of students of this country and of Europe. \* \* \* In this country the multitude of medical schools offering \* \* \* inducements to become doctors, together with the almost universal desire among laborers to become doctors, has worked incalculable mischief." Had this policy, which Dr. G. presents for our imitation, been in operation in this country when he and a great host of now distinguished men took their initiative step in medicine, think you that the now historical facts of their having graduated with honor at this, that, or another American medical institution would ever have been recorded?

While standing second to no one in reference to the advantages of a thorough mental training in all professions, I do not overlook the fact that our highest professions have been graced by multitudes who never attended a single term in an educational institution.

Natural endowments and personal application to study have placed many of them at the heads of their respective callings. For illustration, such a preparatory course as mapped out by Dr. G. would have prevented Dr. Daniel Drake from entering the University of Pennsylvania; and thus the founder of the Medical College of Ohio and the author of several important works would never have been heard of in the medical world.

As so much stress is laid upon University-State-Education, it may be well to remember that it looks like an effort of those favoring it to rejuvenate the fossil idea that so largely prevailed in most European countries from the thirteenth to the latter part of the eighteenth century, when ecclesiasticism was an important factor in conferring medical degrees and granting medical diplomas.

The whole matter resolves itself into the question of a necessity for transplanting the effete and exotic educational systems of Europe into American soil. Is this paternal Association willing or ready to unite in the proposed call for a convention for the purpose of adopting a system of medical education so inimical to the advanced and enlightened ideas of the nineteenth century? Mark you, the proposition is a broad one—so broad as to include the “faculties of the several medical schools”—not merely those of regular medical colleges, but all others. And, further, that all schools refusing to affiliate are to be severally boycotted, by the enforcement of the provision, that “any school or college which shall refuse to enter into such an arrangement shall be excluded, and its alumni shall not be recognized as members of the regular profession.”

If all other conditions were favorable for co-operation on the part of this Association, our experience in sending delegates to the Washington Medical Congress, with an assurance that graduates from all legally chartered medical colleges would be duly accredited, would, I opine, be sufficient to determine our course of action.

And, now, a word or two with reference to the embarrassment of our regular friends over the question of over-production. While they may be worried about the excessive number of their schools and the “annual host of graduates turned loose upon the public,” we have yet to learn of any particular trouble on this account in the Eclectic branch of the medical profession. Instead of a surplus of Eclectic practitioners, there is a constant and growing demand from all sections of our land for additional numbers.

Having neither facts nor figures to doubt Dr. G.'s statement about the over-production of old school graduates and the excessive number of their colleges, we congratulate the "paternal Association" of the Regular party on timely waking up to the subject of restriction and curtailment. The Regulars are compelled to face and to take hold of the "grave responsibilities" growing out of the well-known fact that they have been fostering the growth of a medical proletariat—*i. e.*, a class of professionally trained men for whom there is neither room in the profession nor a demand by the public. That the lucrative locations and higher professional positions open to the regulars are all filled now, does not admit of a doubt. And it is this fact that now confronts them, and was the inspiration of Dr. Garnett's address. It is not, therefore, that we call in question the Doctor's position on the subject of over-production in his school, that we have entered into this discussion, but simply to show the glaring absurdities involved in his European plan of education.

We say glaring absurdities advisedly, for no greater folly could be attempted than that of trying to engraft any of the effete systems of monarchical governments—whether of politics, medicine or religion—upon the institutions of Republican America. It has been well said that we as a people differ from those of other countries; and it is this difference that has given us our pre-eminence in all the essentials of a great nation. Remembering that the Revolutionary war was fought out for the purpose of freeing us from the tyrannical and oppressive systems of England, how ridiculous the idea of attempting to conform our customs—customs peculiar to our free institutions—to those of any monarchical forms of government. The very suggestion much less the advocacy of such a thing should be abhorrent to every man whose blood tingles with patriotic impulses. Instead of laboring to inculcate and foster such a thought, we should strive to make the peoples of all other countries partakers of the rich beneficence of our superior systems.

The great desideratum in educational matters in all countries is the granting of all privileges to all classes without hedging them around with any restrictive provisions. And nowhere else do we find this idea so fully and practically carried out as in this country. It is, therefore, one of our crowning, if not chief, glories that our common school furnishes facilities alike to the indigent and the rich. Hence



all children, irrespective of parentage or pecuniary condition, are placed on the same level, and thus all odious discriminations avoided by virtually offering a premium on brains instead of on money.

Though our common school system is not what it is susceptible of being made, and what it is destined to become under the natural operations of our free institutions, it already affords opportunities for fully equipping our youth, by preparatory training, for entering upon the studies incident to any of the professions. And as long as mind is imperial, and bears no imprint of a base birth, which the European system virtually implies, the road to success and distinction in all our professions will continue to be accessible to all. Now more than ever, under the workings of our free school system, can a Franklin be evolved out of indigency and want; and thus can sons of our toiling men also aspire to stand like him and treat with kings, and lure the lightnings from the clouds, and, like another Morse, make it the vehicle for accomplishing still greater wonders in the world.

And here let me say to Dr. Garnett and all in sympathy with his European plan, that Eclecticism, taking hold of and utilizing every feasible idea, as its nature implies, can not and will not become an ally to any organization that proposes to substitute a class idea in education for the common-sense one of our free school system.

Eclecticism, pure and simple, with its progressive policy, is now as it ever has been, arrayed against all backward tendencies such as yearning for any of the fossilized customs of the dead past, whether found in England, Germany or France. In battling for progress, it may suffer temporary reverses, but if it shall continue true to its heaven-appointed mission, to its declared policy, carefully avoiding the restrictive methods and practices of old physic, its ultimate triumph is an assured fact.

To avoid all misapprehension, suffer me to say that no attack on any laudable effort to advance the standard of a higher attainment in medical education is intended; but I simply wish to raise my voice, with other progressives, against any and all attempts to make such an education so expensive that the wealthy only can be the beneficiaries.

Finally, speaking in the interests represented by this our paternal Association, all that is asked by us is to give our progressive Eclectic

ideas in medical education a fair chance in combatting the old-school theory. That chance we have never as yet had; and have good reason to complain by reason of certain legislative acts in some of the States, procured by old-school methods and influences. With an open field and a reasonably fair chance, we are well satisfied to abide by the outcome. Let due diligence be exercised by those holding official and responsible positions in American Eclectic Medical Colleges, to keep them free from the taint of caste or class features; and let the faculties of our colleges exercise care in regard to the general information, moral character, temperate habits, and scientific acquirements of their graduates, and we have nothing to fear.

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## THE ACTION OF MEDICINE.

BY E. M. MCPHERON, M. D.

A knowledge of the *modus operandi* of medicine when introduced into the organism is the most essential element of therapeutics. In order that the physician may make a rational application of remedial agents for the cure of disease or alleviation of pain, it is necessary that he be possessed of a knowledge, to some degree, of the method of action, when introduced into the body, of the agents which he is using; and the more he knows of such action, the more rational will be their application and the more successful will be his practice.

We will admit that the manner of action of many therapeutic agents in the organism is obscure, and in some instances impossible of detection and apparently inconsistent, as is instanced in the action of Carbo-veg. It is an admitted fact, among those who have specially experimented with this agent, that it is incapable of absorption when introduced into the organism in the natural way, regardless of the amount introduced or the high degree of subdivision; still it is a well-known fact that this is an agent used extensively by the best physicians of our school and of other schools to overcome passive hemorrhagic conditions of organs of the body remote from the alimentary canal, prominent among which is the uterus.

In Scudder's "Diseases of Women," page 461, in treating of menorrhagia, the author says: "In passive uterine hemorrhage

I have placed more dependence upon Carbo-veg., 2d dec. trituration, than upon any other remedy, though of course it is not adapted to all cases. I give it in grain doses, every one to four hours, and usually follow it with the Tincture of Cuprum as a blood-maker."

There are other agents which are almost insoluble, such as Sub-nitrate of Bismuth, Sulphur, Calomel, etc., but it is probable that these substances undergo decomposition in some of the fluids of the body, being rendered partially soluble thereby. According to Headland, Calomel is rendered soluble, to some degree, by the action of the biliary secretion upon it; and, aside from this, that it is absolutely insoluble and incapable of absorption in the animal organism; but no experimenter has ever discovered a solvent for Carbo-veg., hence we cannot account for its probable action in such a manner. A number of propositions, as formulated by Headland, will serve as a basis of what we shall say upon this subject.

The first proposition affirms, "*that the great majority of medicines must obtain entry into the blood or internal fluids of the body before their action can be manifested;*" that mechanical contact with the parieties of the stomach is not sufficient, in general, to produce a systemic effect. The only exceptions to this rule may be cited those agents having a mere local action on the mucous membrane, simple contact being necessary, such as irritant emetics, irritant cathartics, superficial stimulants, sedatives, astringents, etc. Medicines do not have to enter the blood directly to reach distant parts. For example, when Chloroform, Cocaine, Aconite or Opium—fluid preparations—are rubbed upon the skin or mucous membranes, they are directly absorbed by the intestinal fluids, acting upon the minute nervous ramifications in the superficial tissues before being taken into the blood. Such is the action of Belladonna, Atropine and Eserine when dropped into the eye of an animal. They are directly absorbed by the intestinal fluids of the cornea, sclerotics and iris, and exert their action upon the tissues of the parts before entry into the blood. From the foregoing, it might be inferred that these medicines may never reach the blood, but this is pretty conclusively disproven by the fact that a drop of Hydrocyanic Acid, dropped into the eye of a dog, has been known to produce speedy death; and the more conclusive does this

seem to be since it has been positively demonstrated that nervous connection alone is wholly insufficient for the transmission of the action of medicines in the organism. To substantiate our proposition, we will make the following affirmations:

1st. *That a medicine introduced into the organism elsewhere acts in the same way as when introduced into the stomach.* Many proofs of this may be shown. Tartar Emetic, Ipecac, Apomorphia, etc., injected into the tissues, will produce emesis, and even more rapidly than when taken into the stomach. A moistened leaf of tobacco, placed over the radial artery at the wrist, has been known to provoke vomiting. Sulphate of Magnesia, when injected into the veins, will act on the bowels; and, in like manner, Rhubarb or Senna, injected into the thorax, will produce purging. Croton Oil, liquid Jalap, Rhubarb or Gamboge, rubbed upon the abdomen sufficiently long, will produce purging. Injections of Nux are rapidly followed by toxic symptoms, similar to those following its internal administration, etc.

2d. *The continuity of nerve is not necessary for the propagation of remedial effects; but vascular connection is necessary.* This affirmation is proven by the experiments of Magendie. He introduced some Urari poison into the limb of a dog, which was only connected to the trunk by means of quills uniting the divided ends to the main vessels. It rapidly took effect. Having divided all the nerves and lymphatics in the intestine of another dog, he introduced into it some Nux Vom. beyond the division. It quickly acted, and must have done so through the vessels. Sir B. Brodie cut all the nerves of the anterior extremity of a rabbit near the axilla, and introduced Urari into the foot. It quickly acted. Sufficiently tight ligaturing of an extremity will prevent systemic toxic influence. Sir B. Brodie also experimented upon parts connected with the body only by nerve continuity carefully dissected out, and found nervous structure incapable of transmitting toxic action. Other experimenters, as Emmer, Robinson, etc., have confirmed this latter experiment with the most violent of poisons, prominent among which is Prussic Acid.

3d. *The circulation of the blood is sufficiently quick to account even for the operation of those poisons which act most rapidly by influencing the nerve-centers.* Experiments have proven that a sub-

stance will traverse the whole circulation of a dog in nine seconds, and of a horse in twenty seconds, while in an adult man the time required is 65.76 seconds. This is sufficient to account for the mode of action of that most rapid and fatal of all poisons, viz., Prussic Acid. Besides, if a medicine acted by nervous transmission, it would act as soon as it touched the stomach or injected into the tissues. Animals will sometimes live for thirty minutes after being poisoned with Cyanide of Potassium.

4th. *The great majority of medicines have been detected in the blood or the secretions formed from it.* We have proved that poisons act when introduced into the organism at any point. That vascular connection is required for this action. That nervous connection is wholly insufficient. And that the circulation is sufficiently rapid to account for the action of the most rapid of poisons. Now, if our last affirmation can be proven, we will have carried our first proposition close to certainty. In 1847, Mr. Allen detected Daturia in the urine of a man poisoned by Stramonium. In 1824, M. Runge discovered the principles of Henbane and Belladonna in urine. Kletzensky finds that if the throat be gargled for five minutes with a solution of any soluble mineral salt, its presence may be detected in the urine next evacuated. Chloroform has often been detected in the blood. Indigo, Logwood, and many other substances, have been found in the urine. Alcohol, Prussic Acid, etc., have been found in the blood of persons dying shortly after the ingestion of such substances. Sulphur has been detected in the perspiration and Mercury in the saliva of persons who have taken these substances. Arsenic, Mercury, Antimony, and other poisons, may be detected in various parts of the body after death. Blood passing from the veins of a poisoned animal into the circulation of another animal causes its death. Flesh of poisoned animals is poisonous to those who eat it.

Thus, from these four considerations, we seem to be justified in concluding that a medicine must pass from the stomach into the blood before its distinct action can be manifested.

Some exceptions may be taken to this, as follows: Suppose a Cantharides plaster be applied to the surface of the chest, in a case of pericarditis, so as to blister the skin, absorption of the fluid in the pericardium may follow the application. In our proposition, we

have reference to the special or peculiar action of a remedy. In this last case, any irritant would have done the same thing; so we cannot attribute the absorption to the special or peculiar action of the Cantharides.

Some medicines have a marked local action on the mucous surfaces of the stomach and bowels. These may, without entry into the blood, produce an effect in parts of the organisms remote from the alimentary canal, by *counter-irritation* or revulsion. Thus we use irritant emetics or cathartics to arrest incipient inflammatory action, as in disease of the eye, ear, brain, etc. This action may be carried to that extent that it will produce death, as when powerful corrosive poisons are taken into the stomach; but, as before stated, this is not the special action of such agents, and does not invalidate our proposition.

Our second proposition is as follows: *That the great majority of medicines are capable of solution in the gastric or intestinal secretions, and pass without material change, by a process of absorption, through the coats of the stomach and intestines, to enter the capillaries of the portal system of veins.*

In order that the substances may gain entrance into the blood after ingestion, it is necessary that they pass through the coats of the stomach and intestines, and also penetrate the capillary coat.

This process is called *absorption* or *endosmosis*. The basement membrane, supporting all mucous membranes, is a structureless or homogenous tissue; hence no substance can pass through this membrane except it be in a state of solution. Outside the mucous membrane, and in juxtaposition to it, is a net-work of very small veins with thin walls, and the same forces which cause the fluids to penetrate the mucous membrane also cause the same to pass through the walls of the capillaries and smaller veins.

We will consider this subject in three parts: 1st. What is the nature and function of the gastric juice? 2d. The laws of the process of endosmosis. 3d. The mode by which medicines are reduced to a state of solution.

Stomach digestion is pretty thoroughly understood at the present time. We will not attempt a treatise on gastric digestion, but will recount some of the more salient points having a relation to the thought we are pressing. Whenever a substance is introduced

into the stomach there is a copious outpouring of the gastric juice, the secretion of the glandular apparatus of the mucous membrane of the stomach. The amount of this secretion depends, to some extent, on the kind and mode of introduction of substances introduced into the stomach. This secretion is highly acid, owing to its admixture with Hydrochloric or Lactic Acid, and contains, as one of its essential constituents, an organic principle known as pepsine, or *gasterase*. The result of this secretion is the solution of those substances soluble in a fluid of this chemical nature reducing them to a thin, watery pulp capable of being absorbed. Medicinal substances which are soluble in the gastric secretion are directly taken up by the coats of the stomach and passed into the blood, and from thence to those part or parts of the organism upon which they have an affinity for action; while those that are insoluble in this *menstrua* are passed on into the intestines; and if non soluble in the intestinal fluid, are excreted in the form in which they were ingested, without producing any special or peculiar effect on any part of the organism remote from the alimentary canal. The intestinal and buccal fluids are alkaline in reaction, from the presence of Carbonate of Soda, and the gastric juice, as before stated, is acid; so that if any substance is insoluble in the one, it will likely be reduced to solution in the other. We need say nothing about the possibility of stomachic and intestinal absorption, as that fact is well established. The mucous membrane of the small intestines is covered by small projections, called villi, the function of which is the absorption of fatty substances which have been taken into the alimentary canal and reduced to a state of emulsion by the action of the pancreatic juice. According to Bernard, and others, the villi of the small intestines never absorb medicinal substances not of an oily or fatty nature, but that substances reduced to solution in the intestines are absorbed directly into the blood. Magendie demonstrated that a ligature placed around the thoracic duct will not affect or prevent the toxic influence of poisons introduced into the body. Experiments have been made to discover the presence of medicinal substances in the chyle ducts, but so far they have failed; so that we may reasonably conclude that medicines are not absorbed in this way.

The process by which fluids pass and repass through animal

membranes is known as *endosmosis* and *exosmosis*, according as the current tends inward or outward. There are fluids on both sides of the membrane, so the following laws regulate the direction of its passage: 1st. *The densities of the liquids.* The lighter of the two tends to pass through the heavier, other things being equal. 2d. *Their attraction for the intervening membrane.* The one passing the more rapidly, having the greater affinity for the membrane. 3d. *The affinity of the fluids for each other.* That one passing through more rapidly which is readily taken up and dissolved by that on the opposite side. 4th. *The motion of the fluid on one side prevents the passage from the other.* 5th. *Pressure of the fluid on one side tends to hasten its passage to the other.*

All soluble mineral substances are absorbed in the stomach and intestines. Precipitations and re-solutions occur between some of the minerals and the salts of the digestive fluids, but in no case is there absolute fixation of the foreign agent, from its chemical incompatibility with animal fluids. Mineral acids, salts of metals, Alum, and the tannic principles of vegetables, must be precipitated to some extent by the albumen and pepsine of the gastric juice, but are re-dissolved by the intestinal fluids, which are alkaline. The inorganic alkaline salts are not precipitated by any of the animal fluids, but tend to render them more solvent. Some have thought that the soluble salts of Mercury, Silver and Lead might be precipitated by the Chloride of Soda in the gastric juice; but this can hardly be, since this fluid only contains 2.5 per cent. of the salt; besides, a small dose is more efficient than a large one of these salts, which could not be if precipitation took place. The intestinal secretions contain alkaline carbonates, which would precipitate the oxides of many metals, from solution of their salts; but if the metallic salt is not absorbed in the stomach, it descends into the intestines as an albuminate, and, instead of being precipitated, is rendered more soluble by the alkaline secretion.

Thus it appears that all soluble substances, organic or inorganic, given either as food or medicine, and in whatever way rendered soluble, whether by acids or alkalis or by digestion, are absorbed by the stomach or intestines. All, except fatty matters, pass directly into the blood, through the portal vein into the liver, to the heart, and thence to the various parts of the body. They are mostly



absorbed without change. Some, however, may be absorbed as an albuminate. The stomach acid is too weak to displace mineral acids. It does displace a few vegetable acids, prominent among which is Prussic Acid. When Cyanide of Pot. is administered, the acid of the gastric juice, being a stronger base than that of Hydrocyanic Acid, immediately displaces the latter, setting free the Prussic Acid in the stomach; hence the rapidity of its action.

### ALL NAMES FOR GROUPS OF MORBID PHENOMENA DECEIVING OR MISLEADING.

BY A. J. HOWE, M. D.

In the September issue of the AMERICAN MEDICAL JOURNAL is an address by E. H. Stevenson, M. D., his subject being "Regular or Irregular." The delivery was before the Arkansas Eclectic Medical Association, and highly creditable to the author. The handling of the topic shows that there are Eclectics in the Southwest competent to take care of themselves. The speaker handled Allopathy and its pretensions without gloves, rebuking "Regulars" for their bare-faced frauds. And, while the cultured gentleman did so well, I was sorry he was not always just. I allude to the following sentence: "With us, Eclecticism does not mean to diagnose a disease by name, as pneumonia, dysentery, typhoid fever, etc., and then have a remedy to fit and cure the name; but first find an expression, either in tongue, pulse, pupil, skin, etc., which tells us of a pathological wrong within, a diseased condition, which is met by a certain remedy."

Now, I would ask, how is the "diseased condition" to be known, except through symptoms, which, when grouped, constitute a particular disease, bearing the name well understood by every physician? To illustrate: An individual has an acute cough, pain in the chest, high fever, striped tongue, dry skin, hurried respiration and general restlessness, and auscultation reveals congestion of the lower half of the right lung—all symptoms being ushered in with a chill—what is the matter? No; what is the diseased *expression*? Precisely as depicted. And what is the therapeutic *indication*? Aconite or Veratrum. How is this known? By *experience—empirically*. What, from experience or observation, do those symptoms mean? Pneumonia. What should the liberal-minded physi-

can administer for the relief of such a group of symptoms—for pneumonia? Why, Aconite or Veratrum. Now what or where is the difference?

Again: An individual has frequent discharges from the bowels, tenesmus, and muco-sanious discharges from the bowels; temperature normal; tongue clean; skin dry; some thirst; languid feeling; and gnawing sensation at the stomach: What is the matter? No; what does the morbid *expression* indicate? Rather what is the therapeutic *indication*? Why, Epsom Salts, in small doses—two grains every two hours. Well, what does the average physician call that disease, and what does he prescribe? He calls it *dysentery*, and he administers *Sulphate of Magnesia*. Now, what is the difference?

Still, again: An individual is half-sick for a week; has a brown-coated tongue; foul breath; sunken eye; a listless expression; sallow and wrinkled skin; temperature of  $101^{\circ}$ ; pulse of 100; tender bowels in the region of the cœcum; scanty and high-colored urine; visions in sleep; and no appetite. What is the matter with the man? No; what is the morbid *expression* and the therapeutic *indication*? Ahem!—The tongue and putrid breath indicate a septic state; give Baptisia and Sulphurous Acid. What is the matter? Typhoid fever. What medicine is generally prescribed for this complex morbid state? Well, Sulphurous Acid internally; Turpentine to abdomen; beef tea diet; milk punch, with iced tea and ginger ale. Will the patient get well? Nobody can tell. Why call the morbid state typhoid fever? Why not name it enteric fever? Why give it any name at all? Because it is convenient. Why administer Baptisia? Simply to appear to be doing something—the medicine is practically inert—can take a tablespoonful every hour without having a bodily function impressed. Such a remedy is excellent when it is desirable to do nothing—it is then *indicated*. How about Sulphurous Acid? It is an excellent peptic. In typhoidal states a peptic is needed. But what of Turpentine externally? It is an antiseptic. When used externally, its vapors are inhaled; they go directly to the blood, and prove aseptic to the whole organism.

The talk about the indications for an acid and an alkali is all stuff and nonsense, unless Litmus Paper is used in the mouth to ascertain the chemical state of the fluids; and then a reliable indication is not obtained.

Let us take a disease, or set of morbid phenomena, not named by the orator—viz.: tenderness of the hypogastrium; almost constant desire to micturate, with pain in the act, either in starting or stopping the urine; some general fever; accelerated pulse; elevated temperature; restlessness; thirst; and dry skin. What is the matter? No; but what is the leading pathological *expression*? and what may be the therapeutic *indication*? Let me see—Aconite, Apis, Sulphite of Soda, Lycopodium; give Aconite and an alkali. Next day patient no better; change to the other medicines indicated. The following day the symptoms have changed a little, but patient is not generally better. What next? Try Gelseminum, or Sweet Spirits of Nitre. Now we have it. Patient is more comfortable. What was the matter? Nobody knows. What cured? Nobody cares. The force of the morbid onset spent itself; the recuperative powers of the body brought about a cure.

Still, again: An individual has circumorbital pains; dread of a strong light; vascular ring about the cornea; lymph in border of pupil. What is the matter with the eye? Following indications, the eye should be shaded, have Hamamelis as a frequent eye-bath, and Aconite internally. What is the morbid *expression*? What does it mean? Why there is iritis. Of course there is; but is the disease local or constitutional? Let an inquiry be made. Had a single chancre two years ago; it healed in time; an eruption came in the skin, and the hair fell rather profusely. At length the disease seemed to have exhausted itself, or was cured. But this is syphilitic iritis; local remedies are next to useless; antisyphilitic agents should be administered for six months or a year, and the eye should not be subjected to hard usage. The individual history led to a correct diagnosis, and the *expressions* from present phenomena were simply suggestive to a medical man of experience that he must go deeper into the case than to observe morbid phases. "The tongue, pulse, pupil, skin," etc., would indicate nothing diagnostic.

An Eclectic who has biased notions in favor of "specific medication" may not like my reasoning; yet Eclecticism is not a fixed quantity of anything—nobody holds a patent right on it, saying "thus far thou shalt go and no farther." The world moves, and so do the advocates of untrammelled medicine. Those who move on

"With smiling eye will view

Th' imperfect scenes which youthful fancy drew."

**OTOLOGY—ITS IMPORTANCE IN GENERAL PRACTICE.**

BY KENT O. FOLTZ, M. D.

It seems as though the general practitioner cannot, or will not, disabuse himself of the idea that ear diseases can only be successfully treated by the specialist; that an immense outlay of money is necessary for instruments and text-books. Both suppositions are wrong.

For twenty-five dollars all the instruments necessary for the majority of ear work can be procured, and a couple of good text-books also.

The instruments necessary for ordinary ear work are limited: a good head mirror, with band; a set of hard rubber ear specula (Gruber's pattern); a plain wire, not too flexible, about six inches long, roughed at one end, for a cotton carrier; a Politizer bag, with Roosa's attachment; two angular forceps, one mouse-toothed, the other with a rather broad tip, the jaws corrugated, and, preferably, cross action—these forceps should be strong without being clumsy; a tuning fork, of the middle register (authors differ regarding the note, some using middle C, others middle A; but I do not think it makes any particular difference, so long as the same note is used in the different trials; I use the middle E, the fork being  $8\frac{1}{2}$  inches in length, the prongs  $4\frac{1}{2}$  inches).

Several eustachian catheters, of hard rubber, should be included in the list, as well as a rhinoscopic mirror. A rubber bulb syringe is superior to any piston syringe, except it be the expensive brass ones, and they are no better.

Among the works on otology, there are so many that it seems difficult to make a choice; however, I give preference to our American authors, and one cannot go far astray on any of them.

There are other instruments used by the aurist, of which I may speak at some future time, but they can be easily dispensed with, at least for a while.

After one has learned to use these instruments skillfully, he can handle the others without injury to the patient.

The general practitioner can usually handle ear cases better than the specialist, because he is less liable to attribute all ailments to this one organ; and very frequently the cause for trouble here is

remote from the ear, so that benefit is not obtained unless one looks beyond the ear for the cause.

I would urge every doctor to so prepare himself that he can take advantage of this lucrative branch of the profession, thereby adding not only to his reputation, but also increasing his bank account.

A patient comes into the office and gives a history of gradually impaired hearing. In fact, the impairment is so obvious that it is difficult to make ourselves understood.

We take the tuning fork, strike it on some non resonant body, and hold it close to the external and auditory meatus. The vibrations are scarcely perceptible. The tuning fork is again struck, and the end of the handle placed on the mastoid process, when the vibrations are distinctly heard. Therefore the trouble is either in the external or middle ear.

Adjusting the head mirror and placing a speculum in the ear, we find we are looking at a dark-reddish or brown, sometimes even black, substance, which fills the canal more or less completely. This mass consists usually of cerumen, hairs, dust, etc., and is more or less hard. If it is very solid, which can easily be determined by the probe, no effort should be made to remove it until one of the following prescriptions has been used for two or three days. *R.* Sodii Bicarb.; Aqua, aa qs.; tr. ft. sat. sol. Sig. Warm, and drop three or four drops in the ear four or five times a day. *R.* Sodii Boras, sat. sol., ʒvj.; Glycerin, ʒij. Use same as the above prescription. After a few days' use of one of these solutions, the mass will be quite soft, and can be syringed out of the ear.

In using the syringe, the current of water should be along the superior portion of the canal. The light must be focussed in the ear, and the operation carefully watched; for no more water should be used than is absolutely necessary, and the water must be warm.

After the mass is removed, the canal should be carefully examined, dried, and a little absorbent cotton placed in the ear, to prevent too free access of air until the tissue becomes accustomed to the change.

Always remember that when bone conduction is better than aërial, the difficulty is either in the *outer* or *middle* ear. If the *outer* ear is healthy, then the condition of the middle ear must be

examined. If the patient is deaf, and hears the tuning fork better by aërial conduction than by bone conduction, then the difficulty is almost always in the inner ear or labyrinth.

The watch and voice are important aids in diagnosing deafness, but the tuning fork is the best for differential diagnosis.

### CHOLERA INFANTUM.

BY GEO. COVERT, M. D.

The cases were twin boys, aged about six months, in an adjoining town. When I was called the disease had been running nearly two days. The larger and stronger boy was in *articulo mortis* and died shortly after I arrived. The other was in agony; bowels running off every few minutes, with that characteristic odor which every physician must readily recognize, and a thirst almost unquenchable; stomach rejecting everything, extremities cold, constant throwing of arms, moaning, rolling of head, etc.

I at once prepared the following: Tinc. Aconite, gtt. v.; Tinc. Ipecacuanha, gtt. x.; Dis. Hamamelis, ʒ iv.; Aqua, ad., ʒ iv. Sig. Dose, teaspoonful every two hours. Also: Gum Acacia, ʒ ij.; Bromo Chloralum, gtt. iv.; Blackberry Brandy, fl. ʒ ij.; Aqua, ad., ʒ iv. This to relieve the thirst; to be fed a few drops at a time with a teaspoon. For a few hours it was employed almost unintermittingly. Alternating with the first was used: Bismuth Sub. Nit., gr. xxx.; Neutral Cordial, ʒ iv.; Camph. Tinc. Opii, ʒ j.; Gum Arabic, ʒ j.; Aqua, ad., ʒ iv. Sig. Dose, teaspoonful every two hours. Cloths wet in warm ginger water were laid on the bowels and frequently changed. Next day a vast improvement noted; bowels moving less often, apparently suffering less. The preparations were kept down since they were given in such small doses as to be immediately absorbed. Quinia, grs. x. to an even tablespoonful of lard, thoroughly mixed, was used as an inunction over the whole abdomen. Lactopeptine, grs. ij. with every tablespoonful of nourishment, prepared from Ridge's infant food. We had the satisfaction of seeing this child recover who seemed past all hope of recovery, despaired of by parents and friends.

The foregoing is my usual treatment for this disease, varied somewhat, of course, according to condition and age. Probably there is nothing new in it, unless it be the Bromo Chloralum, which I deem

a great auxiliary on account of its astringent and antiseptic properties. Other antiseptics have not answered as well in my hands. Antiseptics, anti-ferments and peptones seem best adapted to combat the disease.

### COCAINE IN GONORRHŒA IN THE MALE.

BY E. M. MCPHERON, M. D.

Many may have used this agent in the treatment of gonorrhœa, whilst others may never have thought of it in this connection. Those who regard the *gonococci* as the cause of this disease may be disinclined to look favorably upon this agent, since no therapist has lauded its antiseptic properties, if it possesses any. But those who do not take kindly to this theory of disease may see something good in the action of cocaine in the treatment thereof. I don't use it for what antiseptic property it may possess; neither do I attribute to it any miraculous curative action upon inflamed mucous surfaces.

Gonorrhœa tends to a spontaneous cure in from ten days to two weeks, with cleanliness and proper dietary and hygienic observances; and my observation bears me out in the assertion that methods of treatment do no better in the average case, and very much worse in many. Cocaine produces anemia of inflamed mucous surfaces, as may be seen by dropping a 2 per cent. or 4 per cent. solution on the conjunctiva, and in this way may shorten the duration of inflammatory action.

What I claim for it is cleanliness, comfort to the patient, and an immunity from stricture, orchitis, etc., which often results from the injection of strong solutions of powerful caustics. I usually order 15 or 20 grains of Muriate of Cocaine to 4 ounces of water, an injection every three hours, held in the urethra for a few minutes each time, having the canal cleansed each time before its use, by injections of tepid water.

I order the following to be taken internally: R. Sulphate of Magnesia, ʒij.; powdered Cubebs, ʒij. M. Sig. Teaspoonful morning and evening in wineglass of water. The Cubebs is to disguise the appearance of the salts, which is to keep the bowels moving and the urine bland, thereby preventing constipation, with consequent pelvic congestion. This course of treatment has given the utmost satisfaction in my hands.

**THE MILD (?) CHLORIDE.**

BY F. A. DREW, M.D.

Physicians living in the cities and in high altitudes can have little idea of the large amount of Quinine and the preparations of Mercury used in the river bottoms and other malarial sections of the South. In this vicinity, the family that does not buy "Calomy" and Quinine by the ounce must be very poor and utterly without credit. Every bad cold, ague chill or spell of indigestion is to them an indication that the liver is torpid and requires a "course of medicine." The unhappy possessor of the indolent liver is given ten, fifteen or twenty grains of Calomel at bed-time, which, in the morning, is worked off by an equally heroic dose of Castor Oil, and they "point with pride" to the unusually large quantity of greenish, foul smelling "boil" that the offending organ has been compelled to disgorge; then Quinine, also in heroic doses, or "dostes" as they call it, is exhibited, and the victory is won. Blue Mass or Gray Powder is used in such a reckless manner by those utterly ignorant of its nature and action; very few cases of ptialism occur. "You see, we work it off as quick as we can," they say. But the same fortunate result does not always follow their use by the family physician. He seldom tells them that he is giving Calomel, does not forbid lemonade, pickles and other sours, and is not careful to "work it off." One week ago I was called in consultation to see a young girl, æt. 8 years. She had been sick three weeks, diagnosis—full of malaria. She had been put through three courses of medicine. She lay unconscious, skin cold and clammy, pulse 130 and very weak, and from her mouth proceeded an almost unbearable stench. Upon examination the gums were found badly swollen and ulcerated, the teeth had nearly all dropped out, the few remaining were covered with a black sordes, the sublingual and submaxillary glands had sloughed entirely away and the surrounding tissues were in a state of mortification, and when swabbed with a wash that the Dr. had left, "great chunks," as the nurse said, would be rubbed off, which the child would sometimes swallow. The following day the child died. We are all familiar with such cases, they can be counted by hundreds, and though not always fatal, present irreparable and unnecessary damage and injury, and the question forces itself upon us: Can there be any valid excuse for such results? Does the end justify the means?



Is the Dr. (?) guiltless who thus endangers the health, comfort and life of his patient? Finally is it not a misnomer to call the poison, which can produce such a result, *mild*?

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### THE COLLEGE.

PROF. YOUNKIN:—Is it not well for your readers to know that the American Medical College is now enjoying a genuine boom, the like of which is seldom seen in the history of medical colleges? The faculty is in possession of, and the owners of, the best medical college building west of the Alleghanies; perhaps not the largest, but the best-equipped, the best-ventilated, the best-lighted and the most home-like of any building of the kind in the whole Western country. There are none of those abominable odors, that are so productive of ill-health, and are commonly found about medical colleges, to be found about this monument of architectural skill. The lecture room is perfect in its accoustic properties, making it pleasant for both the speaker and the hearer; the light is sufficient for the performance of the most difficult surgical operation; the ventilation is so perfect that there is sufficient fresh air continually supplied for the largest audiences that might assemble under its roof. The waiting rooms for students are so arranged that they are elegant and pleasant. The office, and professors' waiting room, are neatly equipped for their purposes. The clinical rooms are ample for the large numbers of sick poor who daily come to seek gratuitous relief. The ladies' room, laboratory and dissecting rooms are excellent in their appointments.

On the 3rd day of September of this year the College opened its regular winter session, with a larger class in attendance than usual; and at this time there is a larger class than it has had at the same period for many years. The professors are all in their places; are active practitioners, who know the needs of the everyday doctor, and have the will and the ability to supply it.

Prof. Standlee, a graduate of this College, is an anatomist who has but few equals and no superiors; while as a teacher he is a master. He divests his difficult subject of its usual dryness, and clothes it with a charm that renders the study of Anatomy fascinating.

Prof. Waterhouse, a graduate of the Eclectic Medical Institute, teaches *Materia Medica* and *Therapeutics* in such a manner that

whoever listens to him at once perceives that he is master of his subject, and that any student who takes a course under him will go out to practice medicine thoroughly conversant with the principles that govern the administration of remedies for their direct effect, together with the action of each medicine upon the human organism.

Prof. Day, a graduate of the St. Louis Medical College, also of Bellevue Hospital Medical College, of New York City, teaches the class that important part of their medical education which fits them to assist nature in her efforts to bring forth the coming generations. He teaches Obstetrics in an inimitable manner, peculiar to himself and pleasing to his hearers.

Profs. Sibley and Nay, both graduates of the American Medical College, preside over Chemistry and Pharmacy, making each one capable of preparing his own medicines, if such should be necessary, and to administer remedies that will chemically counteract poisons, when accidentally or intentionally administered in toxical doses.

Prof. Berry, a graduate of the American, a very successful practitioner, efficiently instructs the class in the intricacies of Genito-Urinary Diseases and Gynæcology.

Prof. Shomber is a graduate of the American. He has had the experience of an active practice and a public speaker, and appears at ease before the class in the chair of Clinical Gynæcology and Diseases of Children.

On every Thursday, an aged, well-qualified and experienced Ophthalmologist and Otologist delivers his address, either didactically or clinically, as the occasion affords.

Prof. Younkin, a graduate of the Eclectic Medical Institute—what shall we say of him? Original in everything where originality is possible; a surgeon of the most exalted accomplishments, whose reputation as such is co-extensive with the boundaries of our country. As a teacher, the fruits of his instructions are in tangible shape, in the form of many physicians of extensive surgical repute. As a big-hearted, scholarly, Christian gentleman, he is an example to be emulated. As Dean of the Faculty, he is the right man in the right place. Illustrative of his valuable teachings, he performs many surgical operations before the class, the subjects being supplied from the numerous clinics at the College; he then goes with

them to the City Hospital, where others of a more intricate nature are presented for consideration, exemplifying his lecture-room instructions.

Prof. Henderson, a graduate of the Eclectic Medical Institute, also of the American Medical College, lectures on the Theory and Practice of Medicine in the College, and is clinical demonstrator at the College and City Hospital. He views the Science and Art of Medicine from a truly Eclectic standpoint; teaches Direct Medication, pure and unalloyed by any narrow personal hobbies; proves his faith by his clinical work at the College, and at the City Hospital he personally trains each member of the class in the difficulties of bedside diagnosis, where he demonstrates thoroughly every point connected with the difficult art of Physical Diagnosis, rendering his lectures practical instead of simply theoretical. His whole soul is in his work, into which he instils his personal vim and energy.

Prof. Hamlin, a graduate of the American, is able and willing to impart a portion of his large stock of practical knowledge to his auditors, to assist in preparing them to successfully cope with Cutaneous and Venereal Diseases. This department is very obscure to many, but the professor, by his skill as a teacher and clinician, renders it plain and simple.

Prof. Ingram, offspring of the American, seems to be specially adapted to his duties as Professor of Physiology and Demonstrator of Anatomy. He is a perfect mine of technical knowledge, and knows just how to impart it to his auditors. He occupies a prominent position on the Anatomical Board of Missouri.

Prof. Randolph, a woman of very high classical and professional attainments, who is very proud of her Alma Mater, the American Medical College, efficiently presides over the ladies' dissecting room, and delivers to the lady students the lectures that would be very embarrassing for them to hear from the regular lecturers, and gives to the whole class instruction in Obstetrics as viewed from a woman's experience and observation.

Dr. Pitzer, a graduate of the Eclectic Medical Institute, lectures on Diseases of the Nervous System in his own inimitable way. He is an eminently successful practitioner and an indefatigable worker.

Prof. Merrell, an honored offspring of the American, and a prominent member of the Missouri State Board of Health, is the Emeri-

tus Professor of Obstetrics and Gynæcology. As a lecturer and teacher he has no superior. Owing to other onerous labors, he is booked as an Emeritus, though he is with the College in occasional lectures.

With this force of able teachers, is it any wonder that the old American Medical College is thriving? That is just what she is doing and expects to continue to do until she stands head and shoulders with any medical college in this whole country. Long may the American Medical College live and flourish.

"CELSUS."

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### SELECTIONS.

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## CALCIUM CHLORIDE IN GLANDULAR AFFECTIONS ON THE NECK.

BY THOS. J. MAYS, M. D.

In the progressiveness of medicine, many of our old and important remedial agents are, without adequate reason, pushed aside, and become superseded by something else which has been more recently placed in the therapeutic market. Such has undoubtedly been the history of Calcium Chloride—an agent held in the highest esteem by the earlier practitioners of medicine. It is hardly recognized by the therapeutic authors of the present day. It is not mentioned by Wood (H. C.), Ringer, Bartholow, Stillé, Binz, Köhler, Schmiedeberg, and Nothnagel and Rossbach. Dr. George B. Wood ("Therapeutics and Pharmacology," vol. ii., p. 369) says that, before the discovery of Iodine, Calcium Chloride was among the most popular remedies in scrofula, and that the united testimony of many practitioners shows that it possesses useful powers in these affections. It was likewise a favorite remedy with the late Dr. Warburton Begbie; and Dr. S. Coghill, of the Royal National Hospital for Consumption, at Ventnor, in a communication to the *Practitioner* (vol. xix., p. 247), states that he has "again and again seen chronically indurated and enlarged glands, which absolutely amounted to deformity, and which had resisted all previous treatment, yield, even in adults, to the administration of this salt. In children and young persons, when the sleep becomes restless, the breath fetid, the tongue

foul and coated, the tonsils enlarged, I know of no remedy approaching it in value. The colliquative diarrhoea which so often accompanies this condition, and, above all, that obstinate limentary which is seen with hypertrophy of the mesenteric glands, yield to the solution of Chloride of Calcium like a charm."

I have used this agent for a number of years, both in private and public practice, and can fully endorse the strong views expressed by Dr. Coghill, especially in so far as scrofulous affections of the neck are concerned. Very often one meets with pale, rickety children, who have swollen cervical glands, poor appetite, coated tongue, constipation, and in whom there is a general indication of mal-assimilation. Such patients usually receive the routine treatment of cod-liver oil internally, and iodine, and perhaps cod-liver oil, externally. This succeeds sometimes, but oftener fails. Here the Chloride of Calcium acts admirably. It reduces the enlargement, promotes nutrition, and is generally more efficacious than anything I have ever prescribed. Its resolvent power is equally marked in the glandular swelling of adults, although here it requires a longer time, and its action is facilitated by the simultaneous application of iodine.

This agent must not be mistaken for the Chloride of Lime—the ordinary disinfecting powder—the composition of which is entirely different. By prescribing the granular Calcium Chloride this possible error will be avoided. The dose is from two to four grains for children, and from ten to twenty grains for adults. It can be given in milk or water, but the best vehicle for it is the Syrup of Sarsaparilla.—*Archives of Pediatrics*.

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### EXPERIMENTS ON THE MOTOR FUNCTIONS OF THE BRAIN.

Eugène Dupney has noticed, since 1873, that an electrical stimulus applied to a portion of the dura in the parietal region of the brain in animals could bring about distinct muscular movements. The results were constant if the animal were not exsanguinated or anesthetized, the latter state being incompatible with the manifestations of animal life. His recent experiments gave the following results: A crucial section of the dura of the parietal region particularly, and the eversion of its edges, caused distinct paresis of the

limbs, either opposite to or on the same side as the lesion. The motor functions of the facial muscles were markedly disturbed, and always on the same side as the lesion. The inferior eyelid was so dependent as to expose the conjunctiva; the nasal ala approached the superior lip, which was also dependent; and the median line between the lips was diverted to the opposite side. Sensibility was increased in the affected side of the face, and also in the paralyzed parts of the body. The paralysis could be removed by the application of a feeble Faradaic current, or by producing a similar lesion in the dura of the other hemisphere. Analogous results were obtained after producing lesions of the cerebral convolutions. The application of a feeble Faradaic current to the parietal dura, which was naturally somewhat diffused over the brain by the cephalo-rachidian fluid, gave rise to muscular movements resembling closely those following the Faradaic stimulation of the psycho-motor centers described by Fritz, Hitzig and Ferrier, or of the surface of section of the internal capsule described by others. That the affection should cease when the site of the lesion is stimulated, or as soon as a similar lesion is made on the opposite side, the author says, is difficult to understand. He thinks that the knowledge of the present time can hardly be said to explain the mode of production of movements in the brain or the origin of cerebral paralysis.—*N. Y. Med. Jour.*

### SOME OF THE SURGICAL USES OF CARBOLIC ACID.

The introduction of the hypodermic injection of Carbolic Acid in the treatment of hæmorrhoids was, although originally a quack method, a great step in the advancement of our study of anal and rectal disease. The method is now perfectly familiar to every surgeon, and although it has some disadvantages is fast becoming the favorite practice of many excellent surgeons.

The use of Carbolic Acid in the treatment of Hydrocele, introduced by Dr. Weir, has proven of great service, and in our own practice is preferred to all other methods of treatment for the average case of this disease.

Observation of these methods of treatment cannot fail to impress one in the belief that Carbolic Acid is the irritant *par excellence* for

inducing connective tissue proliferation without much danger of causing suppuration. The young tissue thrown out acts as under ordinary circumstances, viz.: it consolidates, organizes and contracts. In doing so it must necessarily compress and shrink down vascular tissues, and will usually unite and bind firmly together serous surfaces. One peculiar fact is worthy of attention, viz.: that the acid acts much like a burn, in that the resultant fibro connective tissue formed in the process of repair is much firmer and more persistent than that produced by other surgical processes.

Reasoning from the above facts, the indications for the use of strong solutions of Carbolic Acid are reasonably clear.

In morbid processes involving dilatation of blood vessels and in which their obliteration is desired are apt to be benefited by Carbolic Acid. We have used it successfully in hæmorrhoids, telangiectasis small nævi, and we should not hesitate to operate upon large ones if the opportunity presented itself, acne rosacea, etc.

One case of goitre has been successfully treated in our practice by injections of pure carbolic acid. Aside from the moderate pain, no evil results ensued.

We have on several occasions shrunk down the tissues over the turbinated bones in hypertrophic catarrh in the same manner; and more recently have obtained excellent results in two cases of ranula.

One case of synovitis—chronic—was greatly benefited by the injection of a few drops of a 50 per cent. solution every third day for several weeks.

Taken all in all, Carbolic Acid is the safest remedy we have as a tissue shrinker, and as an alternative for chronic conditions of mucous or serous hypersecretions.—*Western Med. Reporter.*

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### WINE OF IPECACUANHA SPRAY IN THROAT COUGH.

Since reading Dr. Murrell's lecture in the *Medical Register*, on the treatment of coughs due to catarrhal throat and bronchial troubles with Wine of Ipecacuanha spray, I have used it a number of times with entirely satisfactory results. In my hands, no treatment has ever improved that class of cases so promptly as this simple method of administering with the steam atomizer of a solution of equal parts of Wine of Ipecacuanha and water. The five cases in which

I have so far administered have all improved it in a gratifying manner, and it is with much confidence in its efficacy that I recommend it to the profession. The first case in which I used it was one of catarrhal laryngitis, in a patient 26 years of age, with phthisical family history. After the second inhalation of a drachm and a half of Ipecacuanha Wine and an equal quantity of water, his cough was much relieved and the expectoration diminished; and after the tenth daily administration, he considered himself entirely well, and went to the country to continue work on a ranch. The vocal cords and mucous membrane of the larynx were less congested after the third application, and appeared quite healthy when he discontinued treatment. When first sent to me for treatment, his paroxysms of coughing were violent and almost momentary. This condition had existed for more than a week. A second case was similar in its effects, in a young man of 30, who had been suffering for several months, and had been under my treatment for the laryngeal affection for three weeks previous to the use of this remedy without very marked improvement. The three remaining cases present no special point of interest. It may be administered with a steam atomizer or a hand spray. If used by the latter method, the solution should be warmed previous to its inhalation.—W. E. BRIGGS, M. D., in *Epitome*.

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### CARBOLIC ACID IN HÆMORRHOIDS.

Dr. J. G. Monroe (*Med. Standard*) says: "I have treated over two thousand cases of hæmorrhoids by hypodermic injections of carbolic acid, and, although I do not use this method exclusively, I prefer it to any other. The patients are prepared for the operation as follows: For several days previous to it cathartics are taken, the last dose the night immediately previous. Just previous to the operation a large injection of slightly salt water is given. This washes out the rectum, brings down the 'piles,' and makes them accessible. The patient lies on a table, on the left side, with the knees well drawn up to the abdomen. If the sphincter be much contracted, it is dilated with the forefinger. This can be done without much pain, by the aid of cocaine. Nervous patients are anesthetized with chloroform, which is preferred in such cases to ether. After thoroughly stretching the muscle, each 'pile' is injected with



a solution of equal parts of olive oil and carbolic acid. The needle is introduced well into the tumor, since much more pain is occasioned by its simply passing under the mucous membrane than if it enter the body of the 'pile.' The whole 'pile' should slough out; which will not occur unless the injection be made into the tumor. The hæmorrhoid is injected until it becomes milky-white. Each 'pile' is thus treated, and then returned into the rectum. For a moment or so there is a little smarting, after which all pain subsides. A few hours thereafter a hot, disagreeable, full sensation is felt. This hardly amounts to pain. In three or four days the tumor turns black and separates around the base. In about a week it has entirely sloughed off, and the base is partly healed. In about two weeks the base has healed completely, and the patient is cured.

"Carbolic acid poisoning has not resulted from this procedure in my experience, nor has blood poisoning. Only two cases of extensive sloughing occurred, and these in syphilitic subjects. There were six cases of easily-controlled secondary hæmorrhage. Several cases have suffered more than was agreeable, when the tumor was not thoroughly injected. I have never lost a patient, nor failed to cure, when the tumor was properly injected. The treatment, in my opinion, is a safe one, and yields excellent results."

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### MATERNAL IMPRESSIONS ON THE FÆTUS.

It has been claimed by some physicians that there is no direct interchange of maternal and foetal blood, and that the circulation of the foetus and mother are entirely distinct and separate, hence it would be impossible, on anatomical and physiological grounds, for the foetus to be affected by any impression upon the mother. Some cases of foetal abnormalities occurring coincident with maternal impressions have seemed to me to sustain the relation of cause and effect. Among these are the following, which I have reported elsewhere:

CASE I.—A mother, in early pregnancy, accidentally saw a man with one arm who came to the house, which greatly shocked her. She was impressed with the idea that her child would be deformed, which proved to be true. It had a stump projecting from the right shoulder, with thumb and fingers, which, when grown, was about four inches long. The child could use this diminutive hand in doing a great many things.

CASE II.—The mother of a girl, now living in Louisville, sustained a severe shock, while pregnant, by her husband bringing in fish and flinging them down before her unexpectedly. The child's skin is still scaly, like that of a buffalo fish.

CASE III.—A lady in the first months of gestation met a couple of bulls fighting, which greatly alarmed her. Her child was deformed, its head presenting somewhat the appearance of the head of this animal.

CASE IV.—A pregnant lady was shocked by placing her hand accidentally on a piece of raw beef, which her husband had placed on the table without her knowledge. Her child was marked on the corresponding hand with a spot having the appearance of raw beef.

CASE V.—A pregnant lady, on going into a menagerie, saw a large bear, and was alarmed at its efforts to get loose. The child had a large space on the upper part of her back covered with hair simulating the coat of a bear.

CASE VI.—Has a couple of marks on his left breast resembling sweet potatoes. His mother had a great desire to eat sweet potatoes when sick during her pregnancy, but which were withheld, although in her sight.

CASE VII.—A lady saw a coon during her gestation, which frightened her. Her child had a deformed head, resembling the foot of a coon.

CASE VIII.—A lady met a drunken man, who was reeling and falling about, which very much alarmed her. Her child, though not physically deformed, never walked except with a similar reeling gait and frequent falls. He is now forty years old, and still talks and walks like a drunken man. His mental faculties are quite deficient.

Cases like these seem to demonstrate the validity of the opinion that maternal impressions can produce effects on the foetus.—T. B. CREELEY, M. D., in *Med. Standard*.

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### *MEDICAL AND SURGICAL ITEMS.*

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UTERINE FIBROIDS.—For the internal treatment of uterine fibroids, Chlorate of Ammonia, in ten grain doses three times a day, is recommended, and twenty minims of Fluid Extract of Ergot night and morning.

**STRANGULATED HERNIA.**—PORTO reduces a strangulated hernia as follows: Raise the pelvis on a pillow. Flex the thigh and adduct it. Grasp the scrotum and hernial tumor and bend it slightly over the abdomen; then press upon it; then thrust the index finger of the right hand into the inguinal canal in the direction of the horizontal ramus of the pelvis with a boring and turning motion. In a short time the strangulated parts are said to slip back into the abdominal cavity.

**THE SUCCESSIVE STEPS OF DELIVERY OF A CHILD IN VIENNA.**—Dr. Charles Warrington Earle says that in the Vienna Hospital delivery is as follows: First cleanse the rectum; support the perineum; do not allow the fingers to touch any part of the vagina, if it is possible to avoid it. After birth, put the child on its right side, to give its heart the best chance. Give the child a full bath. The joints of the child particularly are rubbed with oil or lard. A small injection is thrown into the rectum, to see if the parts are normal. A one per cent. solution of Nitrate of Silver is dropped into the eyes. The child is then dressed.

**PHYSOSTIGMA IN TRAUMATIC TETANUS.**—Mr. Belcher (*Lancet*, August 18th, 1888) reports success in the treatment of a case of tetanus by the Extract of Physostigma. The disease resulted from a lacerated wound of the hand, and exposure to cold. Pharyngitis and stiffness of the muscles of the neck were followed by symptoms of tetanus. In five days' time ninety-six grains of the extract of Physostigma were taken by the patient, in doses of from one to two grains every hour; and in nine days forty-eight grains were taken. No paralytic symptoms appeared during the course of the disease.

**DIGESTIVE DISORDERS OF CHILDREN.**—The value of Listerine in those digestive disorders of childhood which lead to what is commonly called cholera infantum can scarcely be over-rated. A teaspoonful of Listerine administered *per os* has been known to dissipate the most alarming symptoms, cutting short the attack, and apparently saving life. A good way is to begin something like this: Calomel and Chlorate of Potash each one grain, to be rubbed well together, and to be divided into ten powders; one to be given every five minutes until vomiting ceases and the nature of the stools have been changed. Then commence and give teaspoonful doses of Listerine every four hours until convalescence.—*Progress.*

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E. YOUNKIN, M. D.,

EDITOR AND PUBLISHER.

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## SPECIAL CONTRIBUTORS:

L. T. BEAM, M. D., Johnstown, Pa.	ALBERT MERRELL, M. D., St. Louis
H. H. BROOKMAN, M. D., Pleasant Mt., Mo.	Mo.
S. S. CARR, M. D., Buffalo, Mo.	J. A. McKLVEEN, M. D., Chariton, Iowa.
GEO. COVERT, M. D., Clinton, Wis.	S. B. MUNN, M. D., Waterbury, Conn.
A. W. FOREMAN, M. D., Whitehall, Ill.	G. E. POTTER, M. D., Johnstown, Pa.
R. L. GALBREATH, M. D., Carthage, Mo.	JOHN W. PREWITT, M. D., Russellville, Ark.
JOHN HENNING, M. D., Garnett Kas.	J. H. TILDEN, M. D., Wichita, Kas.
W. W. HOUSER, M. D., Lincoln, Ill.	ALEX. WILDER, M. D., Newark, N. J.
A. J. HOWE, M. D., Cincinnati, O.	

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Original Articles solicited from all sources.

Clinical Reports, Surgical Operations and Notes of Interesting Cases  
specially invited.

The Editor does not hold himself responsible for the views of Authors,  
and reserves the right to condense lengthy articles.

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## EDITORIAL.

### THE MISSION OF THE AMERICAN MEDICAL ASSOCIATION.

Upon this theme, a former President of the above-named Association (Dr. Paul F. Eve), in allusion to the controlling influence of the Association over medical education, and more particularly over the medical colleges of the country, made use of the following extravagant language:

"It has," he says, "but to speak on this point, and it will be

obeyed; for, it is now too late for any physician to oppose, or any medical college to set at defiance, the moral power of this body."

This declaration was made thirty years ago, at the meeting of the Association in Washington City, in 1858. It is a well known fact that, notwithstanding the great moral power claimed for the American Medical Association, it has not succeeded, after so long a labor, in accomplishing its self-assumed project.

With relation to the "Mission of the American Medical Association," we have no idea that the Association, as at present organized, and evincing, as it does, a sentiment of hostility toward the medical colleges, will ever succeed in accomplishing its self-imposed mission in the matter of medical education. That worthy object will not be reached by the school of medicine to which the Association in question claims a paternal relation, until it shall assume a more deferential tone toward those in whom the power practically resides.

Now, if we mistake not, this all-powerful body has repeatedly, since the above instance, lifted its paternal, trumpet-tongued voice against the medical schools—its messengers, in the form of committee-men, raising themselves as high as the two short stirrups of the saddle on which they sit will permit, and in true Quixotic tones summoning the wind-mills of the plains to lay down their arms and surrender; but the latter, unimpressible by what seems to be only a *vox et præterea nihil*, continue to turn their sails to the favoring breeze, from whatever quarter it may come, and go on grinding out doctors of the old stamp and in the old tic-tac style, stopping only now and then to have the stones set a little closer, to suit the increasing demand for a finer product. It is the purest fustian gravely to announce to the medical faculties throughout the country, virtually, that they dare not disobey the commands of the American Medical Association.

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## OBSERVATIONS IN OBSTETRICAL PRACTICE.

*Chloroform.*—Much suffering is mitigated by the use of an anæsthetic in labor. Profound anæsthesia is not required. As a rule, I prefer, however, to dispense with this agent; and the reason I have for so doing is, that should an accident happen, no matter of what nature, it is likely to be laid to the use of the Chloroform. People

are more or less superstitious, and the less the obstetrician does, the less likelihood there is in his being accused of bad results. If labor is active and painful, I would give Chloroform, provided I saw no one prejudiced against it. If labor is prolonged, I prefer not to use it; though in some of these cases its relaxing influence would prove beneficial.

*Ergot*.—In certain stages of labor I think Ergot should be given. Where labor has advanced, the uterus relaxed, the os fairly dilated, if the pains are inefficient; if slow and weak; or if the pains are what we call "fussy"—distressing, continuous, and yet accomplishing nothing—I give Ergot (Fl. Ext.). I give it in half teaspoonful doses, watch my case, and repeat it every half hour until I have obtained the proper energy.

*Cimicifugi*.—In many cases Cimicifugi will give tone and vigor to the uterus. I give this in teaspoonful doses (Tincture). Especially is this applicable in those uneasy, restless, "no account" pains.

*The Forceps*.—I was once much prejudiced against the use of the forceps. I practiced medicine for several years without using them. I look back now to cases that lingered through a tedious labor, and died from the excessive strain and exhaustion. I think now that the use of the forceps would have saved them. I think of the time when I "pulled" and leaned over the bed a day and a night, while the head of the child rested under the pubic arch. Now, in such cases, I do not regard it a grace to wait so long. I use the forceps. We have had a wrong opinion of the forceps. They look like instruments of torture, but they are not. Dr. King used to say "they are the child's instrument." I believe they are the mother's instrument as well; for not only will the child die from the protracted labor, but the mother also. I once thought that the forceps could only be used where labor *could not* be accomplished without them. This, I now think, was a great mistake. Rather than have my patient suffer for hours and accomplish labor, I often cut short those hours of pain by the use of the forceps. Why? Because in the proper use they will do no harm.

*After-pains*.—These, to a great extent, may be avoided by the proper riddance of the secundines. The after-birth may be taken away as soon as the uterus is felt as a round ball beneath the parie-

ties. It should be twisted and taken slowly, so that all membranous structure is dragged along with it. If coagula remain there will be contractile pains. A Dover's powder may do good. Viburnum or Ergot may be given for flooding.

*Modern Folly.*—Ordinarily children are born without the interference of the obstetrician. This is an element of success even with the ignorant midwife. I believe the tendency of our modern obstetricians is to do too much in cases of labor. Keep in mind the fact that labor is a natural process, and that it is not far to an abnormality. Nature provides most everything essential to labor, except midwives, antiseptics and irrigations. While labor may very easily step aside from the natural processes, midwifery may be easily interpreted into meddlesomeness. In the days when our grandmother's waited upon our mothers, did not our mothers nearly all live? And didn't we all pull through? I am inclined to think that obstetrical science and the "good old way" are a little at war with each other. My theory is, don't allow long and continued suffering; use the forceps. Don't allow bad odors after labor is over; use disinfectants and antiseptics, but don't use them promiscuously, with the idea that every woman will die of blood-poisoning if they are not used.

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### **SIR ALFRED WILSON, M. D., PAYS AMERICAN DOCTORS A HIGH COMPLIMENT.**

In the August number of the *AMERICAN* we had something to say on "Another Effort to Elevate the System of Medical Education." In the present number will be found a very interesting and valuable article pertaining to the same subject, contributed to our columns by Dr. L. T. Beam.

And now, again, as being appropriate to the discussion now in hand, we would say that, to our mind, the most amusing feature of the address of Dr. Garnett, which Dr. Beam so ably reviews, is the assumption of the superiority of European practitioners over those educated in this country. Dr. Garnett pathetically laments that here in these United States the "low fees and short terms of study, together with the almost universal desire AMONG LABORERS to become doctors," has over-crowded the medical ranks, and, in his estimation, has "worked incalculable mischief." In answering Dr. G.

on the question of superiority of men trained according to the boasted European plan, we beg leave to call attention to the testimony of a prominent English physician, and who is the author of one of the best works on physiology. He, it seems, likes us. We refer to Sir Alfred Wilson, M. D., of London, who said recently: "I was a delegate to the convention of physicians at Washington last fall, but did not have time then to see the country. I have returned to explore America at my leisure. I should like to live here. *I find American physicians are fully up to the times, and on nervous diseases are away ahead of European doctors.* All our works on these subjects come from this country. \* \* *But the greatest advantage of all which the physicians here have over the English is the freedom of thinking allowed by professional etiquette.*"

In Europe, as is well known, the prejudice against anything German, English or French in either country, and *vice versa*, is so strong, that an Englishman, for example, would never think of adopting a German idea, if it is a good one, simply because it is German; and the Teutons hurl back the compliment in their faces; likewise the French. Not so here in America. "Whether a discovery," he further says, "be of French, German or English origin, an American physician is at liberty to embrace it at once, without fear of ostracism by the rest of the profession. I like such liberality. It shows good feeling, and tends to advance medical science."

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### HOMŒOPATHY IN THE HOUSE OF ITS FRIENDS.

Dr. H. M. Paine, in the *New York Medical Times*, takes his homœopathic brethren to task for some of their absurd theories. On the doctrine of dynamization he says that Hahnemann made the mistake of his life. In carrying the process of reduction from one degree of attenuation to another, Hahnemann conceived the singular and unjustifiable idea that some occult process, the curative force of the drug, must be imparted to the medium employed, to the alcohol, water or sugar used, and that the curative force was increased in proportion to the vigor exercised during the attenuating process, or the forcible shaking of the vials containing the attenuation; "and some of his devoted followers believe, teach and prac-



tice this same non-scientific and absurdly erroneous principle to-day."

The writer, in speaking of the low potency and the high potency division in homœopathy, says: "The high potency party still holds, with what show of reason, or the absence thereof, it may be, the homœopathicity of high potencies. These are the foes of homœopathy within the fold."

Dr. Paine thinks that homœopathists are themselves the stumbling-blocks in the way of the acceptance of homœopathy. He speaks of the Hahnemannian absurdity—that, by actual experiment, the qualities of a drug may be transmitted to new vehicles without a necessary loss of energy.

He refers to a paper read by a Western professor at their last semi-annual meeting, in which *Lycopodium* 30th had cured thirty-four out of fifty cases of hernia, and had greatly benefitted all the others through its power to shorten the mesentery—the supposed essential cause of hernia; and he thinks that it is no wonder that under such absurdities homœopathy is held up to derision.

Dr. Paine regards the high potency practice as a deadly upas, and says: "Instead of harboring this subtle enemy of true homœopathy, let us effectually exterminate every root and branch, every shade and line of it, from the tenets of our school."

The truth is that our homœopathic brethren are very much split up on the law of *similia* and dynamization, their two cardinal doctrines; and that it will be seen that these have not a sufficient potential value to be recognized by a distinctive name; and, on the other hand, the old school is seeking to discard any distinctive name, having no settled principles of practice as in former years.

### THE PHYSICIAN'S BADGE.

The *Medical World* has been for some time advocating some suitable badge to be worn by physicians, by which they may be designated. After considerable discussion upon the subject, it seems that the "Red Cross" is likely to take the precedence, and the *World* thinks this will be one step towards cultivating a fraternal professional feeling among medical practitioners. We hope this is true; but won't it look awful naughty to see two Red Cross doctors get cross-ways at each other, crossing swords across the bed of their patient, Mr. Cross, who is lying ill? Then, "let us have peace."

## THE NOMENCLATURE AND CLASSIFICATION OF TUMORS.

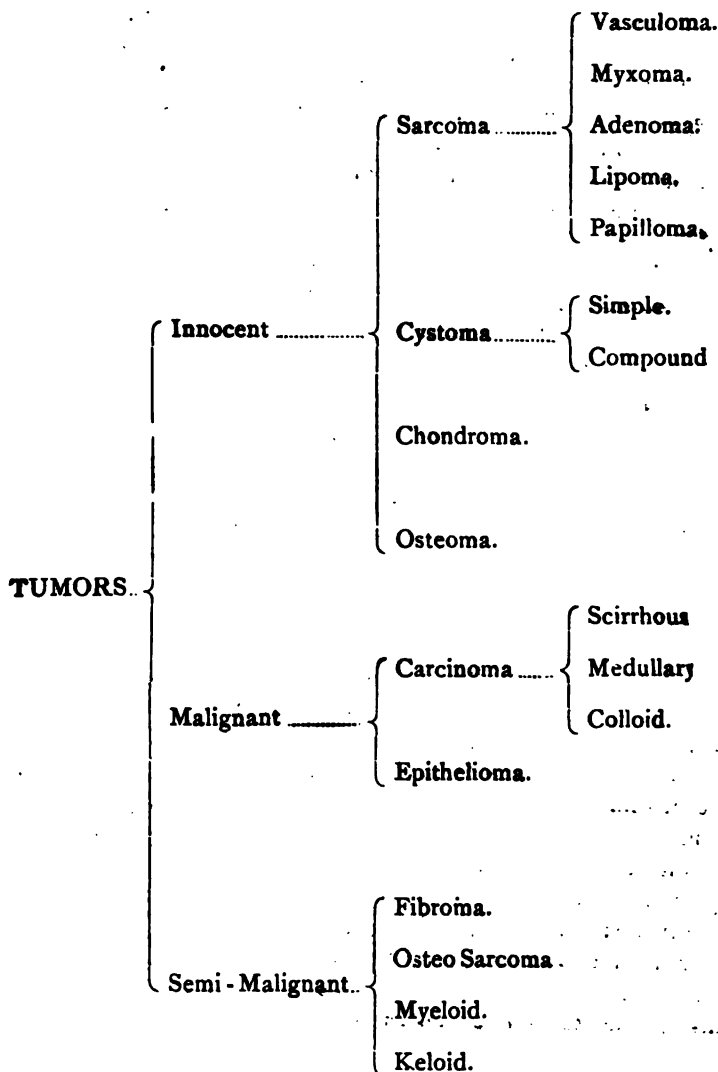
There is, perhaps, no subject more perplexing to the student of surgery than the nomenclature and classification of neoplasms. The subject has been exercising the minds of pathologists for a century. Twenty-five years ago the *clinical* classification was generally employed, but gradually this grew unsatisfactory, and owing to the blending of the anatomical and microscopical investigations this classification became inconsistent. In 1863 Virchow published his great work on tumors, and held as a necessity that tumors should be classified according to their *anatomical* characteristics, without reference to their clinical aspects. Since Virchow, we have found that writers are in an unsettled state of mind on the subject, and they find undoubted defects in both methods. Hence the subject still remains unsettled, and all classification is but arbitrary.

I believe that in a proper study of neoplasms, a classification is essential to a proper understanding, though it may be impossible to follow either the clinical or anatomical classification very accurately. To blend the two, there may be found certain varieties of tumors which we may be unable to give the proper place.

There are tumors that have an almost uniform clinical history; hence I can see no impropriety of retaining the terms "benign," "malignant" and "semi-malignant." With this general division, I have felt better qualified to teach many of the prominent characteristics of tumors. As, for instance, in innocent tumors the tissues do not differ materially from the natural; but in the malignant the ultimate structure is unlike the natural. Innocent tumors are not disposed to ulcerate; but malignant tumors have a tendency to softening. Innocent tumors do not propagate in distant parts; but malignant tumors are much disposed in this way. Innocent tumors are not likely to affect tissues other than the kind in which they first begin; but malignant tumors invade every tissue with which they come in contact.

Keeping these characteristics in view, we can pass to the anatomical structure; and all fibrous, fatty, osseous, glandular and cartilaginous tumors that bear the qualities of innocence may be classed under the head of *sarcomas*; and those bearing the marks of malignancy can be classed as *carcinomas*, or under the

heading of the semi-malignant, according to the manner in which they first appear. Thus, sarcoma and carcinoma carry with them a definite signification, which is at once perceptible and intelligible. I would therefore make my classification as follows:



If we keep the original meaning of the terms used distinctly before us, it will aid us materially in a proper classification. Sarcoma is from *sarcos*—flesh; and hence all tumors, possessing the qualities of innocence, that are flesh-like, may be placed under this division; and a further subdivision becomes necessary according to the kind of tissue—whether glandular, fatty, mucous membrane, etc.

Dr. W. R. Williams (*Lancet*) has suggested that tumors be arranged under the archiblastic and parablasic neoplasms. His method might tend to simplify the subject; but owing to the fact that it has not yet been possible to trace back the origin of these two classes, his attempt would only result in confusion. A knowledge of embryology is not yet sufficiently reliable or possible to adopt any such nomenclature.

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#### PROFESSOR SCUDDER'S BROCHURE,

On the "History of Eclectic Medicine," was pronounced by us, in the August issue of this journal, an unfaithful record of facts, a document of false statements, concocted by selfish motives to bolster up the author's own selfish ends.

We couched our objections in language not hard to understand, but in the September number of his journal Prof Scudder attempts a reply—a reply without an allusion to the main charges, without a denial of our accusations, and without an acknowledgment of his erroneous statements.

It is a well-known fact that Dr. Scudder, in war, fights best in ambush, where he can fire and fall back. As Dryden says, "Bold in close ambush, but base in open field." Were it not for the fact that the author of this brochure *makes* history better than he can write it, we would have passed his erroneous statements without notice; but his words have weight and influence, especially when allowed to pass untouched. Hence we are unwilling to be placed in history in a light that is false and that is designed to work to our injury.

The *Georgia Medical Journal* has very truthfully said of Scudder's pamphlet, that its title should be "A Scudder Boom," and that "Dr. Scudder cannot write history. He is by nature debarred of that just and equitable temperament so eminently requisite to enable a man to be impartial, candid and sternly just in narrative and

criticism. \* \* \* In all his utterances, every word is aggrandizement of Scudder; and it were fortunate did he stop before uttering some cynical censure, or hurling some ungenerous detraction, intended to redound to the discomfort or discredit of some prominent Eclectics."

Our objection to his brochure did not consist in that part of his notice of the American Medical College which says, "its professors have been principally graduates of the Eclectic Medical Institute," and I dare the remark that no reader of our item would draw any such conclusion. My objection was in the author's method of self-adulation, in seeking to draw what good there might be in the professors of the American and appropriating it to his own selfish ends.

The American Medical College has always felt proud of its professors who were graduates of the "Institute," but it has never confined its selections to the Scudder School; hence the little busy bee has been found sipping honey from the wrong flower. Instead of answering our objections to this pamphlet or acknowledging his mistakes, in his reply, Dr. Scudder still persists in throwing slush, and still seeks to add insult to injury, by saying, "the St. Louis College has freed itself from this recommendation, in having now appointed a faculty who are not graduates of the Institute." This remark has been made when the author of it *knew* that at least four of the instructors now in the American are graduates of the Eclectic Medical Institute. We conclude that when a man makes a statement, the falsity of which is so easily known, that he must be suffering, either mentally, physically or spiritually. Others we have, some sixteen in all, none of whom may be worthy of Scudder's historical mention; but when the sum of their records are finished, we hope they may be true, and, above all, free from arrogance and selfishness.

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#### **DIABETES—A NEW DRUG IN ITS TREATMENT.**

The *Syzygium Jambolanum*, or *Eugenia Jambolana*, is a new remedy recently introduced for the treatment of all cases of diabetes. It is found in India, Ceylon, Mauritius and Columbia. A tincture of the powdered seeds is used, in doses from three to ten drops. It has been well tested in England, Germany, and in parts of the United States. It is said to prevent the formation of sugar in the system and to stay the waste.

I began its use on a marked case of diabetes some four months ago. The only case in which I have used it, Mr. M., aged 55 years, came to me emaciated, much broken-down in health. He was weak, especially in his legs, and walked with a slow, tottering gait. He was voiding large quantities of urine, the specific gravity of which was 1037. The tests showed the urine heavily loaded with sugar. I began with the use of the *Rhus Aromatica*, but after a month's use I was unable to see any appreciable benefit. The patient grew weaker, and the urine remained unchanged. I now gave him two fluid ounces of the mother tincture of the *Syzygium Jambolanum*, and ordered him to take three drops every three hours. After a week, I ordered five drops three times a day, and parvules of Iodide of Arsenic three times a day. I have kept my patient on these drugs ever since. In three weeks use of this treatment, he came to me feeling much stronger, and since that time he has continued to improve in strength and gain flesh. His color and fullness of the face has been regained to near its former appearance. He tells me that he knows he is getting well, and feels as if he could go to work. I find, at the present writing, the quantity of urine has diminished one-half; but I observe no appreciable change as yet in the quantity of sugar, though the urinometer registers 1033. His craving for water is not so great; and he is allowed to eat most all kinds of food, with the injunction to avoid the starchy foods as much as possible. I do not flatter myself that this patient will get well; neither do I imagine that all the good results thus far are due to the *Jambolanum*; but the patient is evidently better. Let others try this drug and report.

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### BOOK NOTICES.

DISEASES OF THE LIVER.—By Dujardin Beaumetz, M. D.

This is a part of the "Physician's Leisure Library," series iii., by Geo. S. Davis, Detroit. This brochure comprises 185 pages, and is sold at 25 cts. paper cover, and 50 cts. cloth. Whole series, \$2.50 and \$5.00.

Physicians have often excused themselves from buying books on account of the very great expense. They would have good libraries were it not for the enormous prices charged for medical books. But in the publication of the Leisure Library the object has been to

place medical works by standard authors within the reach of all. When a work like the above can be purchased for 25 cts., it would seem that a physician would have no excuse for a poor library. True, the binding might not be as fine, but meat in the nut would be the same as more expensive works.

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#### ALDEN'S MANIFOLD CYCLOPEDIA.

The second volume of this work, now on our table, even better than the first fulfills the promises of the publisher's prospectus. It is a really handsome volume of 640 pages, half Morocco binding, large type, profusely illustrated, and yet sold for the price of 65 cents; cloth binding, only 50 cents—postage 11 cents extra. Large discounts even from these prices are allowed to early subscribers. It is to be issued in about thirty volumes.

The Manifold Cyclopedic is in many ways unlike any other Cyclopedic. It undertakes to present a survey of the entire circle of knowledge, whether of *words* or of *things*, thus combining the characteristics of a Cyclopedic and a Dictionary, including in its vocabulary every word which has any claim to a place in the English language. Its form of publication is as unique as its plan—the "Ideal Edition" its publisher calls it, and the popular verdict seems to sustain his claim. It certainly is delightfully convenient. It will not be strange if this proves to be the great popular cyclopedic. It certainly is worthy of examination by all searchers after knowledge. The publisher sends specimen pages free to any applicant John B. Alden, Publisher, 393 Pearl St., New York, or Lakeside Building, Chicago.

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#### ANNUAL REPORT OF THE COMMISSIONER OF PENSIONS FOR 1888.

There were added to the pension rolls during the fiscal year ending June 30th, 1888, 60,252. Increase granted, 45,716. Dropped from the rolls, 15,730. Total number of pensioners remaining on the rolls, 452,557. Amount of money expended, \$78,775,861.92.

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BOILS AND FELONS may be aborted by applying a thick layer (one-eighth inch) of the ointment of Nitrate of Mercury to the affected part, covering over with a piece of thick sticking-plaster; in twenty-four hours the trouble disappears.

## NOTES AND PERSONALS.

He who is jealous of a rival acknowledges his own inferiority.

We will send the October, November and December numbers of this year free to all who subscribe now for 1889.

DON'T put it off, but write us now a short report of the most interesting case you have had during the last six months.

YANKEE WIT.—AN AMERICAN DOCTOR'S APT REPLY ENJOYED BY THE LATE EMPEROR OF GERMANY.—It is told that when Frederick III. was in London last, Sir Morell Mackenzie introduced to him a celebrated American physician, who examined his throat carefully. "I suppose," said the Emperor, "that an Imperial throat is very much like that of other throats?" "Well," answered the American quickly, "we will try and make it so, at any rate." Frederick appreciated the answer, and, smiting his mighty chest, said: "But this is all right, is it not?" The doctor looked him over gravely, and replied: "Yes. As for the rest, you would make a good American." The Emperor enjoyed it all, but the German doctors were simply dumbfounded at the levity of the Yankee.

A NEW IRON PREPARATION.—The Rio Chemical Company, of St. Louis, have just put upon the market a new preparation, which they have named Liquid Iron-Rio, containing one grain of Iron to each drachm. It is very palatable, easily assimilated, and will be retained when all other forms of Iron are rejected. It is compatible with nearly every other drug; and, as it does not stain the teeth, should become a universal favorite. The Company will gladly send samples to any practitioner.

DR. MORELAND writes us as follows: "Please call attention to the fact that by mistake we appointed the meeting of the Eclectic Medical Society of Southwest Missouri to come on election day, November 6th. We have, therefore, changed the date of the meeting to Tuesday, November 13th."

DR. LEWIS WHALEY, of Blountsville, Cal., reports, in the *Atlanta Med. and Surg. Jour.*, the case of a woman, aged 19, who had been married about one year. He says:

"Upon examination I found four inferior extremities—two sets



of genital organs complete—both external and internal; two pubes, two montes veneris, two urethras, two umbilici, two distinct sets of bowels and two ani. Both genitals and bowels entirely independent of each other.

"She had menstruated regularly from both sides simultaneously until two months ago. Sometimes one bowel would act when the other would not. Again, one bowel would be loose, have diarrhœa, and the other be constipated."

The woman became pregnant in her left uterus. Upon calling consultation, owing to the narrow diameters of the pelvis, it was thought advisable to produce abortion. Dr. Whaley soon delivered her of a well-formed foetus, of ordinary size of three and one-half months' term.

THE YELLOW FEVER EPIDEMIC at Jacksonville, Fla., still continues on the increase, and it is reported to be of a very malignant type. The number of cases reported thus far reaches to about 1,800, and the deaths over 200. The disease is spreading in Hendersonville, S. C., Decatur and Mobile, Ala., in Jackson, Miss., Atlanta, Ga., and a number of other places. A rigid quarantine is being enforced in the cities of the South, and refugees are seeking means of escape from the stricken districts. It seems hard to confine these poor unfortunate men, women and children to localities where they are exposed to the dangers of the epidemic, but other cities must be protected. Why can't the government ship these refugees to the far North, where the climatic changes will not permit the spread of the disease?

*A New Method of Treatment.*—Some time ago a letter was published from Mr. Jno. N. Webb, of Birmingham, Ala., in reference to an electrical treatment for yellow fever. Finding no response to his offers of aid, Mr. Webb, accompanied by Dr. Sauche, arrived in Jacksonville to-day and immediately went to work. The daughter of Mr. Peters, of 130 Forsyth Street, was found with a high fever, and in fifteen minutes after the application of the electro-pose, perspiration appeared. In half an hour or more it was very profuse, and when the last instrument was removed, at 11 o'clock last night, her temperature was normal. Yesterday she was dressed and playing around the house, and to all appearances fully restored to health. These

gentlemen have offered their services gratuitously to those suffering with the fever, and guarantee cures if called at the time a physician should be sent for. The treatment is entirely harmless, and is attended by no unpleasant effects. Some of the most prominent citizens, two or three physicians among them, are interested in the subject and are investigating it. Two printers were cured last night, and to-day they are up.

The Auxiliary Association has requested the Board of Health to examine into the matter.

THE COLLEGE.—There is a good class of students already at the American. The new building, and a part of the faculty new, takes well with the class. Everybody is pleased. Says one: "What a splendid location." Says another: "What a nice new building." Our second course students say: "It is so nice and quiet—no rumbling of wagons over the granite." Another: "I read your Announcement; but, like the Queen of Sheba, the half was not told me." Says another: "I am surprised at the crowd of clinics you have." And another: "With a good faculty, well-ventilated rooms, warmed, clean, and well equipped college, we ought to become good physicians."

We have had many visiting physicians calling upon us. You will find us busy, but we are ready to bid you welcome and show you around. Come and see us.

THOMAS STEVENS, the bicycler around the world, says "that he arrived in Lasgird, Persia, just in time to witness the annual bleeding of the male population. The Persians regard bleeding in the spring-time as necessary to health; and on a certain day the village barber makes it his business to open the vein in the arm, and draw about a half-pint of blood from each one."

THE wife of Dr. L. T. Beam died August 21st, after a protracted illness.

HEADACHE.—Dr. Bringier (*Med. Surg. Rep.*) says that the following prescription is valuable: R. Antipyrin, gr. xv.; Potassium Bromidi, gr. xv.; Tr. Digitalis, gtt. vij.; Aqua, q. s.; ad. ℥ss. Mix. Sig. Take at once. (For adults.) Adapted to headaches of fevers, cerebral congestion, migraine, and headaches of hysterical women.

WE learn, through the secular press, that Dr. J. W. Maberry, of Avalon, Mo., died suddenly of apoplexy while writing out a post-office order. Dr. Maberry was a graduate of the American, of the class of 1878. He had a large and lucrative practice, and was regarded as one well skilled in his profession.

A NEW METHOD OF TREATING ABSCESES.—Dr. W. C. Wilde describes, in the journal of the *A. M. A.*, as follows: "As soon as I am satisfied that pus has formed, I plunge into the cavity a large-size aspirating needle, and attach to it an Allen surgical pump, and, by turning the crank, remove all that is possible of the contents of the sac. I then take a 20-volume solution of Peroxide of Hydrogen. To this I add an equal volume of water; and by reversing the motion of the handle of the pump, without withdrawing the needle, I inject the cavity till it is moderately distended only. Almost immediately I find that the distention becomes greater and greater, until I am satisfied that the medicament has reached every nook and corner. Then I simply turn the pressure off from the rolls of the instrument at the back of the pump; the accumulated gas which has been given off rushes out through the tube, carrying with it a considerable quantity of *débris*. I tighten the rolls again; and, continuing the motion of the instrument in the same direction, I extract every particle that is left, and repeat the procedure as before. At the second washing with the Peroxide, I notice that I do not get nearly as much distention; and when the screw at the back is loosened for the second time but little of the gas and fluid comes away. After this comes off I am sure that I have a perfectly clean cavity. Now I take a solution of Bichloride, 1 to 2,500, and again inject and withdraw two or three times. I am confident that I have a perfectly aseptic cavity. At this stage the needle is removed, and I place over the whole integument overlying the abscess a smooth, even pad of Iodoform Gauze. I bind it firmly and neatly in place by an abundance of Bichloride Gauze bandage. This dressing I invariably leave in place from four to ten days, when I find complete closure of the cavity, perfect adhesion of its walls, and not a trace of the abscess left. The patients are simply delighted that no knife is used, and but very little pain produced; no after-dressings required; no salves, solutions or ointments; no washings or daily dressings."

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*ORIGINAL COMMUNICATIONS.*

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**MEDICAL EDUCATION.**

BY A. J. HOWE, M. D.

In the October issue of the *AMERICAN* is a contribution by L. T. Beam, M. D., on the subject of "Medical Education." It is a production of the "National," and quite above average material presented at the Detroit meeting, where more trashy stuff was offered than at any previous convocation of the kind in the history of the Association. The only objection I could raise against the article is that the writer labors under some degree of misconception in regard to medical education in Europe. Dr. Beam has advanced rapidly in ability to write readable matter. He thinks methodically, vigorously, and to the point he has in view; though in statement he resembles a political campaigner—he makes out a favorable case for his side. Once it seemed justifiable to berate and slander our Old School friends—that was largely our stock in trade—but it is getting time we were well over such things. Because Allopaths are unjust is not a valid reason why we should imitate them. We have arrived at a *status* where we can afford to be not only just, but even generous. While we know that a few Allopathic colleges graduate students on a year's study and one course of lectures, the better grades of them are doing their best to elevate the standard of medical education—both time of study and quality of teaching being considered. While the proposition of Dr. Garnett may be impracticable, a higher order of instruction is desirable—and Eclectics, as a rule, are in favor of *reform* in this direction. Dr. Beam is in

favor of all laudable efforts "to advance the standard of a higher attainment in medical education."

The burden of Dr. Beam's argument is that we are threatened with the monarchical and aristocratic forms of Europe in the management of our medical institutions; and that American methods are in danger of being overthrown. Well, I am in the habit of exalting the "bird of freedom" on the Fourth of July, and on other patriotic occasions, but would not have my better judgment warped by too much of the tinsel stuff. Instead of building barriers, in Europe, against the aspirations of ambitious young men who would enter the medical profession, the grandest facilities are offered for the successful accomplishment of such undertakings. Scholarships, in the shape of endowments, are provided or have been established in all the renowned hospitals of Europe. In not a few instances, medical students pay their way by taking advantage of these benefits—they were especially designed for the uses of the indigent. The fees for an entire curriculum seem rather high; but, when enjoyable opportunities are taken into consideration, the price is not exorbitant. The requirements for entrance are of a kind attainable by any young man of scholarly tastes. "A little knowledge of Latin and less of Greek," with some acquaintance with Physics and Mathematics, "will pass muster." There is, in addition, the demand of a certificate of studentship with a registered physician. No question is asked in regard to the social *status* of the applicant—he may be the son of a doctor, tradesman, mechanic or coal-heaver. Rank is not a subject of inquiry. The most serious obstacle to the study of a profession in Europe is a lack of money to pay the necessary expenses. A table-waiter in London earned enough as he went along to pay the tutorship of a "preliminary education," and then paid his £25 a year for the privilege of instruction in St. Thomas' Hospital, graduating at the end of a four years' course.

Europeans of to-day are indebted to their ancestors for the liberal sums expended in founding large hospitals of a charitable nature for the benefit of the poor and the education of students of medicine. In the very centre of Vienna is the largest hospital in the world, built at government expense, and its current costs paid out of the public treasury. Would that democratic America could boast of such an institution! At an opening of a semester of hos-

pital insruccion two years ago, the famous Billroth said: "I am pleased to meet so many at this time; you have filled every available seat; yet where will most of you be two months hence? The father who comes here to visit his son will not find him by waiting at the hospital gate, but lounging at a fashionable café, or otherwise neglecting opportunities never to be enjoyed again. The evil of waste is not so common with those in pinched pecuniary circumstances as with the well-to-do and the rich. And, I am pained to say, the sons of medical men are among the least attentive of medical students."

The slothfulness of medical students in Paris is proverbial; yet, in the disregard of splendid opportunities, Vienna at present takes the lead in contempt of energetic display. London is better; at most of its hospitals honest work is done. Expenses are higher, and the clinics are scattered, yet the American who goes to Paris or Vienna to "finish his education" travels too far. Besides, he has the almost insuperable disadvantage of having to listen to a Babel of tongues. Unless a student can understand French, he learns little in a Parisian hospital; and if he cannot understand German, he cannot understand what is said in the clinics of Berlin or Vienna. Yet the German universities are popular with American students.

The common-school system of America, as Dr. Beam argues, is perhaps the best in the world, for it offers possibilities to the humblest. In Europe the poorest classes cannot educate their children; hence the opportunities to rise through educational facilities are restricted. However, the university systems of Europe are superior to those in America. For the sum of \$400 a year a student may pass a course of instruction at Cambridge or Oxford, England; while it takes \$800 at Harvard or Yale—an advantage in favor of the European university.

In the professional schools of America students work harder than foreigners do in any country. At a surgical clinic in Heidelberg there were only a few students present, and they were mostly Americans. Upon inquiring the cause of this I was told that the hour, 8 A. M., was too early for European students, who seldom got up till towards noon. The response made me proud of my countrymen. In Billroth's surgical clinic, in Vienna, held promptly at 9 A. M., there were more Americans present than of all other countries together.

I asked the cause of this, and was told that the hour was too early for the luxurious European. No wonder grand old Billroth gave his countrymen a lashing for their negligent habits.

In conclusion, I would say that, at home and abroad, the rank of a medical man depends largely upon individual efforts. If we had ten physicians where we now have one, a certain few would do most of the work. The law formulated in "the survival of the fittest" operates here, there and everywhere. Not that merit is always duly or justly appreciated; but the term expresses a rule with as few exceptions as almost any other.

To cover pertinent grounds, I should say that "positions" in the army in Europe are to be paid for in some instances, yet not in hospitals and other places of honor and trust. Of course, *influence* operates there, as here. The son of an eminent soldier can get nominated to a cadetship at West Point sooner than a "son of a gun," and we shall have to endure such manifest favoritism. Possibly it is proper. The filly of a racing dam and sire is more likely to win than the progeny of scrub stock. We are all "born free and equal," according to that "glittering generality," the Constitution of the United States, but we cannot be kept on the same level through life. I have had an eye on Dr. Beam for many years, and, with satisfaction, have seen him outstrip his inferiors. The grand equality granted by the famous "instrument" already cited does not keep the doctor from out-topping his fellows.

Dr. Garnett is dead, and his propositions will die too, for they are impracticable. Let a better plan be devised to elevate medical education, and we will all speak well of it. But it is absolutely certain we cannot legislate a lazy student into an industrious and prosperous one.

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## THE ACTION OF MEDICINE.

BY E. M. MCPHERON, M. D.

In our first paper on this subject, we endeavored to prove that medicines must obtain entry into the blood or internal fluids before they can exert their special or peculiar action on parts of the organism remote from the point of introduction; or, in other words, that bodily contact is the only way by which any therapeutic agent can impress its individual action upon any part of the animal economy;

also, that the great majority of therapeutic substances are soluble in the secretions of the alimentary canal, and, without undergoing material change, are taken into the blood and conveyed by it to those parts of the organism upon which such substances may have a special affinity for action. By "special affinity" we have reference to that unexplainable fact of the constant tendency of certain substances to act upon certain parts—as is instanced in the case of Castor Oil or Croton Oil to act upon the bowels; of Digitalis or Nitric Acid upon the heart; or of Aconite or Belladonna upon the capillary circulation; or of Chloroform or Opium upon the nerve centers.

We shall extend our observations upon this subject by attempting to prove a third proposition, which shall read as follows: *That those medicines which are completely insoluble in water, and in the gastric and intestinal juices, cannot gain entrance into the circulation.* A remedy must be soluble, or be capable of becoming so, in the fluids of the body before it can be absorbed. This is simply the repetition of a fact fully established by the study of the minute structure of the basement membrane and of the capillary tonic. As stated before, these two membranes, which lie in juxtaposition, and through which all substances must pass in gaining direct entry into the blood, are homogeneous or structureless, and contain no interstices, as do heterogeneous membranes, or those possessed of a structure. Objections may be taken to the statement that fatty and resinous matters may enter the lacteal without being dissolved. This is a part of our subject upon which there exists considerable diversity of opinion. We know, however, that when fatty substances are ingested that their presence may be demonstrated in the chyle taken from such an animal after the matter has had time to undergo digestion and absorption. The method of their entrance into the chyle vessels, or their absorption by the lacteals, has been one of the most profound mysteries of physiological research. Not until very recently have physiologists been able to give any rational account of this function of absorption. The general structure of the lacteal vessel is that of an amorphous membrane, very like the venous radicles or capillaries. Fats are substances possessed of an organic structure, the globules measuring  $\frac{1}{100}$  of an inch in diameter, and surrounded by a transparent membrane,  $\frac{1}{1000}$  of an inch thick. There is no solvent in the animal economy for this sub-



stance; but physiologists have proven that the pancreatic fluid has the power of reducing fats and resins to a state of emulsion, the condition in which it is found in the lacteal vessels and thoracic duct. This is a step toward the solution of the problem; but of itself inadequate to account for the entry into the blood, as a state of emulsion is only a diffusion of the globulettes of which the globule is composed, and still being possessed of a structure is not capable of absorption by the amorphous walls of the lacteals. One of the most important points connected with the physiological anatomy of the lacteal system, and one upon which is based the most rational theory of the passage of fatty matters into the lacteals, is the question of the existence of orifices in their walls which would not admit of the passage of solid particles of emulsion. The most recent observations have indicated the probable existence of stomata of variable size and shape in their walls. It must be admitted, however, that their demonstration is not positive; and the strongest argument in favor of their existence is the actual passage through the walls of these vessels of fatty particles, the entrance of which can not be explained by the well-known laws of endosmosis. In the present state of our knowledge upon this subject, we feel inclined to adopt this theory, as being the only one by which we can assume a plausible account of this function. Hence, we will say that when fatty and resinous substances are ingested, they are reduced to a state of emulsion by the action of the pancreatic fluid, and that the solid particles of the emulsion pass into the lacteal vessels through the stomata existing in their walls.

There are few medicines that are not soluble in the fluids of the intestinal canal; and, reverting to our proposition, we say that such substances can not gain entrance into the circulation. Among this number we may mention Charcoal, Nitrate of Bismuth, the simple metals, and woody fiber. Sulphate of Lead is generally said to be insoluble. This was demonstrated to be fallacious by the substitution of Sulphate of Lead for the Carbonate in some lead-works at Paris, when it proved fatal to the foreman. It is soluble in Alkaline Chlorides, and in Acetate of Ammonia, the former of which is contained in the gastric juice, the latter in the perspiration. Some substances, as Mercury in blue pill and the simple metals, may undergo decomposition in the acid of the gastric juice, being rendered solu-

ble thereby. Experiments have been made in the most careful manner with some of the most soluble of known remedies, such as Calomel, Mercurial Ointment, Oxide of Silver, Sulphur, etc., but as yet no observer has been able to detect their presence in the blood or *interstitial* fluids in their primary state. After noting the recorded experiments upon this subject, we feel safe in asserting the truth of the proposition:

In our fourth proposition we shall consider the action of certain classes of therapeutic agents which may be considered as invalidating our first proposition. It will read in this manner: *That some few remedial agents act locally on the mucous surface, either before absorption or without being absorbed at all. They are chiefly as follows: Irritant Emetics, Irritant Cathartics, Superficial Stimulants, Sedatives and Astringents.* We will endeavor to show that some medicines may act without being absorbed, yet, as their action is on the surface, they form no exception to the rule of absorption. Thus, when ground Mustard is administered, it will, by its local irritant action upon the terminal filaments of the vagi nerves, distributed to the mucous surfaces of the stomach, produce a reflex nervous action in the motor nerves distributed to the diaphragm and abdominal muscles that will cause them to so act as to compress the stomach, producing the evacuation of its contents. You will agree with me that this substance is not absorbed, as it would be considered insoluble in an undigested state. Yet it produced emesis, and may have exerted an influence upon parts remote from the alimentary canal. Such action, however, was an indirect result, and was not from any specific property possessed by this agent. Other agents would have produced the same results, and in precisely the same way. It has already been declared that medicines must be absorbed before they can act on remote parts of the body, and this necessity has been shown to extend even to those medicines which act with the greatest rapidity. Many have claimed that certain substances, Prussic Acid, the diffusible stimulants, etc., acted with such rapidity that their absorption was impossible as a means of explaining their mode of action. But observations have shown that a substance may travel the entire circulation of a man in a little longer than a minute. Prussic Acid, being volatile, when introduced into the stomach it readily diffuses itself over a large sur-

face of the stomach and is very rapidly absorbed. It is said that Ammonia, when introduced into the stomach in small quantities, may be so rapidly absorbed as to avoid being neutralized by the acid in the stomach. From the rapid absorption of such agents, with such a hurried circulation, we feel that their action may be rationally accounted for in this way. When such agents as we are considering under the fourth proposition produce a change in the morbid process in remote parts of the body, we denominate the action as *counter-irritation*. Pathologists have stated that active inflammatory processes cannot exist in two different parts of the organ at the same time. Hence the use of irritant emetics and cathartics, blisters, issues, etc. For example, we apply blisters over the surface or in close proximity to an intestinal inflammatory process to produce a counter-irritation, thereby diverting the attention of the system from the internal part to the surface, allowing the primarily affected part an opportunity to recover its normal condition. Or when irritant or violent cathartics are given to overcome morbid conditions of the brain, eyes, ears, etc., this is the object to be attained. All medicines when given in over-doses act as irritants, causing vomiting, or, by producing peristaltic action of the bowels, cause purging. Some substances may cause irritation sufficient to produce death—as the corrosive and narcotico-acrid poisons. These last are no longer therapeutic agents, but poisons. Antidotes are given to counteract these poisons. They may be demulcents, to sheath the irritated surfaces; emetics and cathartics, to get rid of the medicine; or chemical antidotes—as when we administer Albumen to antidote the action of Mercury, or its compounds, Copper or Zinc; or Tannic Acid, to precipitate the vegetable alkaloids; Lime, to neutralize Oxalic Acid; soluble Sulphates, to antidote Lead or its compounds; or the Chlorides, to antidote the Salts of Silver.

Two kinds of medicines are used to produce emesis—specific emetics and irritant emetics. The latter act by their local irritant action upon the mucous membrane of the stomach; while the former act by influencing the nerve centers through the medium of the blood, and will act in the same manner when introduced into the organism from any point. They produce emesis because of the special affinity such agents possess for acting upon the portion of

the nerve center which controls the function of emesis. Their action is that of a special or individual one, each acting in its own special or peculiar way. Thus we have among this class stimulant emetics and depressing or sedative emetics. Specific emetics produce much nausea, and are usually followed by relaxation. Irritant emetics produce very little nausea, and are not usually followed by relaxation. The action of a specific emetic may be said to be dynamical; that of an irritant emetic a mechanical one. Specific emetics will produce their peculiar action when injected into the blood or any of the serous cavities of the body. Irritant emetics have no such action, and when so introduced are excreted in great part by the kidneys. Specific emetics have each a special or individual action. Irritant emetics possess no individual characteristic action, all acting in the same mechanical way. Specific emetics act by being absorbed, and their action is tardy in manifesting itself. Irritant emetics act without being absorbed, and their action is rapidly manifest. This difference may be from lack of knowledge of action of certain agents, as is indicated by the action of Apomorphia. The hypodermic injection of  $\frac{1}{2}$  gr. of this agent in an adult will produce violent and prolonged emesis in from two to eight minutes. It has generally been advised to use the irritant emetics when it is desired to rid the stomach of poisons; but in Apomorphia we have an agent that acts as quickly, with more certainty, and by producing as little nausea as do the irritant emetics. Specific emetics are to be used when the object is to abort an inflammatory process in its early stage; as in this instance we desire the constitutional effects of the agent, *i. e.*, its depressing action on the heart.

*Irritant Cathartics.*—Much that has been said relative to emetics is applicable to cathartics, though in some respects these classes of agents differ widely. Specific emetics, acting on the nervous centers to produce emesis, are neurotic medicines. Specific cathartics produce their action upon the bowels by being eliminated by them; hence they are eliminatives. Like specific emetics, they must be absorbed; but, unlike specific emetics, they have no influence over the nerve centers. We will not enter into the theory of elimination in this place; but suffice it to say that the medicines are absorbed, and having a special affinity for the glandular apparatus of the bow-

els, pass to it and are eliminated, increasing the secretion of the organ, thereby producing catharsis. As was said of emetics, we may also say that specific cathartics, when given in over-doses, may also act as irritant cathartics, by their local irritant action upon the mucous surfaces of the bowels. Irritant cathartics act by increasing the secretion of the glands in the coats of the bowel by local irritation, which also causes peristaltic action in the same.

The distinctions made between the action of specific and irritant emetics are applicable in the main to specific and irritant cathartics, and need not be repeated here. Sedatives, stimulants and astringents act on the same principles, regulating the action of specific and irritant emetics and cathartics. They are both general and local; and, from the foregoing, their action is apparent, and needs no extended investigation at this time.

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### LARVÆ IN THE NASAL CAVITIES.—A UNIQUE CASE.

BY F. S. WEIDMAN, M. D.

I was called, September 24th, 1888, to visit Hon. Isaac Cox, of Marine, Ill., who was suffering with severe pain in the neck and teeth, and, in fact, nearly the whole head; especially in the frontal sinuses; was blowing blood from the nostrils, and spitting or coughing it from the throat. His breath was very foul; pupils contracted; temperature 103°; pulse 100; and some delirium. He has been afflicted with catarrh. He remained in the condition above described until the 28th, except that the discharge of blood from the nose and mouth became darker and more offensive, making it very disagreeable to remain in his room.

On the 28th, he felt a tickling sensation in the nostrils, causing him to blow his nose, when five worms were discharged. The worms were one-half inch in length, with tentacles resembling a large horse-hair. The color is white or yellowish until the chrysalis state begins, when they change to a brown, in which state they remain until matured into a fly. From that time until the 30th at least one hundred were discharged—some from the mouth. Since the 30th, ten have passed; and after October 3rd only two have passed.

I do not know the name of the worm or fly that deposits, not an egg, but the live worm. They resemble the blue-bottle fly, but are

smaller. By squeezing them in the hand hundreds of minute worms are passed. From what I can learn, they resemble the Texas screw-worm. I used a strong solution of Carbolic Acid, alternately with a syringe and a spray. This removed the bad smell.

On the 30th, Dr. Powell (who has three cases) was called in consultation. Since that time we have used, by his advice, Chloroform and milk, injected with a female syringe, followed by an injection of Corrosive Sublimate. I am now using it in alternation with Tar water. My patient seems to be improving, having passed but two worms since October 3rd P. M. All passed so far were alive.

Some passed on the 30th were anæsthetized, but revived in six hours. I have one of them alive to-day. I fed two on fresh beef. They would fasten to the beef with their tentacles and front legs (as near as I can discover, they have nine legs on a side), raising what I suppose to be their head quite high, and fiercely attacking the beef. They do this at each bite. The mouth is very large, with two black teeth resembling the tentacles. They have small horns above the mouth. Seen through a glass, they are fine-looking creatures.

From October 3rd he was comfortable until the 7th, when pain in neck and head began, with epistaxis; pain quite severe; no fever. I used, on the 8th, strong solution Carbolic Acid in spray, followed in an hour by spray of Ol. Eucalyptus and Vaseline, xxv. gtt. to 3j. There is no offensive odor.

I am of the opinion that these larvæ are from a fly not quite as large as a blue-bottle, but which deposits a small worm instead of an ova. I placed some of the parasites in 95 per cent. Alcohol. They lived one and three-quarter hours. Others in a very strong solution of Salicylic Acid; they lived twelve hours. Ten of those anæsthetized September 30th revived. Two that I fed beef lived until October 5th.

From my own experience, I would be willing to rely on a strong watery solution of Carbolic Acid, alternately with Spts. Terebinth, in Vaseline, by spray and a female syringe, in preference to Milk two tablespoonfuls, Chloroform one, or even equal parts of Milk and Chloroform, every one or two hours, followed immediately by Corrosive Sublimate  $\frac{1}{30}$ , which is Dr. Powell's treatment.

I forgot to state that Cox had great difficulty in swallowing and talking before any worm passed, but not after. None except those on September 30th were dead or asleep when blown from nose. The Chloroform can have no good effect unless the larvæ are anæsthetized by it.

A lady in Highland, Ill., died from these devils, and I was informed by the sister who attended the lady in Highland Hospital that a few days previous to her death she lost entirely the power of speech, making signs by moving her fingers when the parasites were at work. I am told by the attending physician that over four hundred passed before she died. The fly that deposits eggs on dead animal matter is different from the screw-fly, which lays its young in foul ulcers, or in the nose in offensive catarrh. The worm is said to be the larvæ of a dipterous insect or hexapod, natives of Texas, Mexico and the South.

You may remember, in Biblical literature, we learn that King Herod was eaten with worms and died.

I am informed that this fly is depositing its larvæ in the sheaths of horses in the American Bottom.

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### A PECULIAR CASE.

BY J. A. SWEM, M. D.

Was called May 12th, 1887, to see Mrs. N——, aged 71 years, and I will endeavor to report the history and symptoms of the case as nearly as possible :

Mrs. N—— is a woman of very short stature, being only about four and a half feet high, and weighing something over two hundred pounds; Irish by birth; and whose health has been exceptionally good up to the 1st of September, 1884, at which time she was violently thrown from a vehicle in which she was riding, and received a wound, cutting through the scalp, which extended from the internal canthus of the right eye across the base of the nose, and passing to the left, upwards and backwards to the crown of the head, laying the skull bare, the flaps falling over the right eye and ear. The local physician was called, and dressed the wound, holding the flaps in place by sutures. The wound united by granulation, and a drainage was kept up for several weeks, when it finally closed. For several hours after the occurrence the patient was entirely unconscious,

and did not regain the proper use of her mind for about six weeks. The left side, in the region of the spleen, was also injured, and is at present very sensitive to the touch.

On account of the patient being so fleshy, it is very difficult to make a satisfactory examination of the spleen or any of the deep-seated organs; nothing abnormal was found in any of them; the tenderness seemed to be superficial. When consciousness was regained she was suffering from a pain behind the right ear, which came on periodically, following down the sternocleido mastoid muscle to the clavicle, when it would pass to the left, across the front of the neck, and finally lose itself in the muscles of the left side of the neck. This pain was accompanied to the right clavicle by a jerking, jumping motion, "as if something was under the skin trying to get out," as the family expressed it; any pressure to obstruct its course would cause a sharp, darting pain in the right shoulder. This has been troubling her constantly, sometimes three or four times a day, at others every three or four days; combing the hair usually excites it to action. I have never been a witness to this peculiar pain, although she has had her hair combed for ten minutes at a time in order to bring on the attack, that I might be able to see it, yet without success; and probably I would not be away from the house five minutes, when the little jumper would go skipping down the mastoid, dive under the clavicle, and be gone for the time being. At times there is a sensation over the scalp which comprised the denuded flap as if insects were crawling over it, which is very annoying.

About four or six weeks after the injury a pain developed in the left side (the injured one), which also came on spasmodically, and seemed to originate in a small spot just below the spleen, and slowly crossing to the right; when it reached the center of the stomach it would begin to ascend into the throat, until the breathing would become very difficult. This pain is of a dull, heavy, pressing character, which seems to press to all parts of the body. The hands and fingers tingle "and seem to be asleep;" the surface of the face, neck and breast "burn as if on fire;" yet there is no superficial redness, nor increased heat as felt by the hand; and at the same time there seems to be a great weight pressing upon the vertebral prominens and shoulders, extending to the lower jaw, which



causes the patient to put her hands to it, and to declare that "me jaw's a breakin'"; this lasts probably five or ten minutes, when the pain begins to disappear; a rumbling and a sound, as if water were trickling, is heard in the left side, occurring always about the lower border of the ribs; sometimes the rumbling is so loud that it can be easily heard across the room. As this series of symptoms subside, the heart begins to palpitate with great fury, beating 140 to 160 times per minute, and can be heard several feet away, and the clothing is seen to shake at each pulsation. This excitement lasts about two hours, when it gradually passes off, and the patient feels a sense of weakness, otherwise fairly well. I have observed one of these "spells," and they all appear to be just the same, as I learned from the family. They were liable to return any time, from once or twice daily to once or twice a week.

The patient's general health is good in every other particular. The pupils respond readily to light; and the vision is good, for one of her age. When she first came to me (May 12th, 1887) she said that I was the twelfth doctor that they had taken her to, yet without benefit; neither had they told them what was the matter with her. One doctor had simply said, "the spleen was hurt in the fall, and that was the cause of the trouble."

I was considerably puzzled over the case, and finally decided that the trouble was of a hysterical nature, probably caused or excited by the injury to the brain and spinal cord, and accordingly gave: R. Spec. Tr. Pulsatilla, gtt. xx.; Spec. Tr. Cactus Grand., ʒij.; Aqua pura, ʒiv. M. With directions to take a teaspoonful four times daily. The pain beginning in the side, with the rumbling and palpitation, were soon benefited, and by the time the first bottle was used had almost entirely disappeared, but the trouble with the head was not much better. The medicine was continued, at intervals, for about three months, when it was left off altogether, and the "spells" did not return until last Friday (September 21st, 1888), when they returned without the palpitation, otherwise the same. The prescription of Pulsatilla and Cactus was renewed again to-day (24th). What is the disease, cause, and best treatment? Any information upon this subject will be gladly received.

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## THE SYMPATHETIC NERVE IN ITS RELATION TO OPHTHALMIC DISEASES.\*

BY WILLIAM DICKINSON, M. D.

The brilliant demonstrations of Bichat, at the beginning of the present century, differentiated the nervous material of the human economy into two great systems, one of which he designated the nervous system of organic or vegetative life, the other the nervous system of animal life. These systems, from their more obvious origin, arrangement, destination and function, have received also the names, respectively, the great sympathetic or ganglionic system, and the cerebro-spinal system.

Their numerous intercommunications, their frequent combination in the same nervous fibril, and their aggregation into isolated ganglia, conspire to secure consentaneousness of action throughout the entire body, and also to sustain and perpetuate that totality of vital operations and functions which constitute life. This great end is attained only through the intermediate agency of muscular fiber, of which two kinds are recognized, the smooth or unstriated and the striated; the former receives its nervous endowments exclusively from the sympathetic system, while the latter (the striated) with the exception of the muscular elements of the iris and the heart, is animated exclusively by the cerebro-spinal system: the former presides over organic or involuntary and the latter over voluntary function.

A high degree of precision in description would demand a differentiation of the distinct special endowments embraced in the sympathetic nervous system; but I shall regard it as a unit, combining in one the several systems—trophic, vasomotor, perspiratory, etc. Thus defined, it presides over the functions of nutrition, secretion, circulation, respiration, digestion, reproduction, calorification, etc.; that is those of vegetative or organic life, all independent of the will; while to the imperial sway of the cerebro-spinal system is committed the control of sensation and voluntary motion. Even in this general description the latter must yield some allegiance to the supremacy of the sympathetic, since this system presides over and determines all vital functions.

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\*Read before the Missouri State Medical Association, Kansas City, April 17, 1888.

"The sympathetic nerve," says Bucke, in an essay on the functions of this system, "in all its extent," has probably cerebro-spinal fibers mixed with it; but these are small: so all parts, which are supplied with nerves by it, no doubt receive some filaments from the cerebro-spinal system. With this qualification, therefore, the organs supplied exclusively by the sympathetic are the radiating fibers of the iris, the middle arterial coat, the liver, kidneys, ovaries, supra-renal capsules, intestinal tract (both the muscular coat and glands), and probably the bladder and the uterus; these muscular structures being made up of unstriped muscular fiber." Again, "While both systems of nerves are distributed to organs, the sympathetic is undoubtedly intended to control function and the cerebro-spinal to render them sensitive and so to protect them from injury. It is the only nervous system which is distributed to all the glands; the liver and kidneys receiving nerves from no other." These statements are confirmed by Dr. Sigmund Mayer, in his contribution to the great work on "Histology," by Sticker. Quoting from Davey, "On the Ganglionic System:" "Every point of every sympathetic nerve contains white and gray matter intimately woven together, and may be considered therefore as a center of nervous energy to itself. The minute ramifications of the ganglionic nervous system constitute its chief bulk; and they are so numerous and plentiful that it would be impossible to insert a pin's point into any portion of the body without wounding or destroying very many such." The sympathetic nerve in the several processes of the evolution of the animal has an existence long anterior to either the spinal cord or the brain; and this holds good throughout the whole of animal nature, from one extreme link of the lengthened chain of being to the other; from the first to the last created atom; from the zoophyte to man.

Ackerman asserts, "This system is the part first formed of the fœtus, and its fibers have even been discovered in the membranes of the egg." And Bichat, "Organic life comes into action almost as soon as the fœtus is conceived; for as soon as the least organization is apparent, the little heart will be seen protruding its blood on all sides; the heart is the organ first formed, the first in action." In the gelatinous, shapeless mass of protoplasm which constitutes the architectural material of the future being, the microscope can

discern a nervous ganglion or ganglia. The sympathetic nerve has, therefore, already assumed its prerogative; it indeed superintended the impregnation of the ovum, extracted the nerve factors and adjusted them into the ganglionic and cerebro-spinal systems; from the same vitalized mass it segregated and arranged the elements of the heart, brain and other organs; with unceasing vigilance it presides over development during foetal life, and is the only system during this period in vigorous action; announces gestation accomplished, determines and achieves parturition, incessantly continues its offices during the life of the individual, till, by some one or more of the numerous causes capable of overpowering its functions, nutrition declines and at last ceases, when death receives the lifeless mass and consigns it to mother earth. The cerebro-spinal system enjoys seasons of rest and repose, the sympathetic system never sleeps.

Paganini, the most celebrated violinist the world has ever seen, was endowed with a highly delicate constitution and an excessively sensitive nervous organization. It is related, that when he gave a public performance, so complete was his abstraction that he became entranced, as on the wings of his mighty genius he soared into those sublime regions, which, in the realm of religious enthusiasm, is termed "ecstasy." Every element of his physical and emotional being was exerted to the utmost degree. And when he performed a "Concerto" he was so exhausted by the effort, that he wore the appearance of a person just emerging from an attack of epilepsy; his skin, cold and livid, was covered with a profuse perspiration; his pulse was scarcely perceptible, and during the night after the concert he never slept, and for two or three days thereafter he continued in a state of great nervous agitation.

John Hunter was a man arrogant in demeanor, and possessed a violent and ungovernable temper. He was subject to an affection which he was wont to designate "Spasms of the Vital Parts." These were induced by any form of anxiety, excitement or indulgence in passion. He therefore lived in the oppressive consciousness that some one of these causes might instigate an attack which would prove fatal; he was accustomed to say: "My life is at the mercy of any scoundrel who chooses to put me in a passion." The occasion and the event apprehended at last arrived. On a certain

occasion, while warmly espousing a measure before his colleagues, he gave utterance to a statement which one of them thought it necessary, instantly and flatly, to contradict. Hunter, greatly exasperated, immediately ceased speaking, retired from the table around which they were seated, and, struggling to suppress the tumult of his passion, he hurried into an adjoining room. This he had scarcely reached, when, with a deep groan, he fell lifeless into the arms of a friend, and soon expired.

A woman became blind by fright, while witnessing a paroxysm of epilepsy with which her husband was attacked. In one eye the vision was completely destroyed; and in the other the capacity of seeing was intermittent, "going and coming," as she described it, like the sun when a cloud passes over it.

These cases are cited to show how widely different are the causes that may interfere with the normal autonomy of the sympathetic nerve, as well as the widely diverse results that may accrue therefrom. The victim of cholera, in the stage of collapse, strikingly exhibits phenomena resulting from that condition, in which the functions of the sympathetic system have been overwhelmed by moribific causes, viz.: pallid, cold, clammy state of the skin; the copious vomiting; the profuse rice-water discharge from the bowels; the oppressed respiration; the feeble, fluttering action of the heart; arrest of the renal function, etc.

Similar conditions result from the introduction of ptomaines or other powerful poisons into the stomach. Also from a powerful blow inflicted upon the epigastrium, or from traumatisms sufficiently aggravated to produce that state in surgery known as "shock." Other instances are found in the algid stage of intermittent fever, or that sometimes accompany the invasion of continued fever, the condition of the skin termed "*cutis anserina*," or that presented by persons in seasons of great fright, terror or passion. Similar effects from other causes might be cited to a wearisome extent, but these will illustrate the relation of the sympathetic nervous system to diseases affecting the entire body. It remains to consider the principles hitherto set forth in their relation to some of the diseases of the eye.

The phenomena of disease, in its widest acceptation, is the visible expression of disturbances of nutrition; the dominant purpose, end and aim of all curative and therapeutic measures is, therefore

very simple, viz., to restore the normal nutrition. The various conditions of this indispensable function may then be formulated, viz. :

1. Normal nutrition ensures health.
2. Disturbed nutrition entails disease.
3. Arrested nutrition determines death.

I think I have arrayed abundant testimony to prove that nutrition is not an independent, original entity, self-existent and self-perpetuating; but that it is determined and presided over by the sympathetic system. I shall now endeavor to substantiate the position that all successful treatment of diseases of the eye must be directed to the re-establishment of normal nutrition, and that this must be accomplished through the re-enthronement of the sympathetic system, which presides over this function; that thus our treatment may be more intelligent, rational and more effective.

Besides the vaso-motor endowments of the sympathetic nerve to the elastic coat of the blood-vessels of the eye in common with those of the other parts of the body, this organ has direct anatomical connections with the sympathetic. This connection is with the superior cervical ganglion, chiefly through the lenticular ganglion; a more remote seat of origin is recognized from the spinal cord as low down as the third or fourth dorsal vertebra. The sympathetic, through the cavernous plexus, communicates also with the third, fourth, fifth and sixth cranial nerves; and undoubtedly sends endowments to the optic nerve also, though this has not been demonstrated. The lachrymal gland is abundantly supplied with sympathetic nerve elements. Müller has discovered muscular fibers in the upper lid supplied by the sympathetic nerve, the influence of which is especially obvious in the peculiar movements of the lid in cases of exophthalmic goitre. Numerous filaments from the lenticular ganglion are also distributed to the ciliary muscle, this being chiefly composed of unstriped muscular fiber; and also to the radial fibers of the iris. The allegiance of the ciliary muscle to the sympathetic is well demonstrated by the occurrence of asthenopia, occasioned by paresis of this muscle, as sequel of an attack of diphtheria. It has been ascertained that if the normal connection of the sympathetic with the eye be severed, as by section of the cervical sympathetic, there results increased vascularity of this organ, contraction of the pupil, increased secretion of tears and mucus, temperature and

sensibility notably increased, and that stimulation or irritation of the cervical sympathetic produces the phenomena of an opposite character. These demonstrations abundantly reveal the autocracy of the sympathetic over the several parts of the eye, and that any agency or influence affecting the integrity of its functions must interfere with normal nutrition, and disease be the result.

We always invoke, perhaps unconsciously, the agency of the sympathetic in the treatment of diseases of the eye, especially those of a congestive character. Astringents constituting the chief agents, we have in the action of Eserine a typical demonstration of their mode of action. Instil into the palpebral fissure a drop of a proper solution of Eserine; in due time, by the process of endosmosis, it penetrates to the elastic coat of the vessels, *contraction* of the vessels is enforced, the blood is expressed, vascularity is consequently diminished, and this condition is maintained till the agent has spent its force. Astringents of mineral or vegetable origin, whether intelligently or empirically employed, exert their beneficial influence by producing contraction of unstriped muscular fiber through stimulation of the sympathetic. Granular ophthalmia is the disease, *par excellence*, for the treatment of which these agents are specially adapted, and it is by their frequent and judicious application that our cures are effected. Should caustics, as such, be employed, the epithelium and conjunctiva are irrecoverably destroyed; and, if applied over large portions of its surface, its function as a mucous membrane is annihilated. Being deprived of its normal nutrition, the condition of xerophthalmia is produced, and opacity of the cornea, with blindness, results. Conjunctivitis is primarily the proximate result of disturbed nutrition, in consequence of the inhibitory control of the vaso-motor elements of the vessels being in abeyance from atmospheric, contagious or traumatic causes. Increased afflux of blood in the vessels thus rendered paretic takes place, and all the phenomena embraced in the term inflammation as cause or consequence are speedily developed. Treatment consists in arresting the congestion by appliances and agents capable of reinstating the control of the vaso-motor elements temporarily lost, and thus restores normal nutrition.

In this aspect of the trophic agency of the sympathetic nerve, how shall we regard an ulcer of the cornea? In this wise: The

normal nutrition of the part being interrupted, the mildest form presented is a simple vesicle. The inhibitory influence of the vasomotor elements being suspended, due to some irritant, perchance of some micro-organism, or some other form of traumatism, or some cause not recognized, serum or lymph escapes from their accustomed channels beneath the epithelium, and a vesicle is developed, usually involving also the superficial portions of the corneal tissue. In process of time the vesical ruptures, and a small indentation of greater or less depth results. Our efforts are now addressed to the regeneration of epithelium or of corneal tissue, or of both, by appropriate stimulants. Antiseptics are also invoked as auxiliaries, and the use of mydriatics or of myotics for the accomplishment of the same end. To whatever depth or breadth this necrosis may extend, the philosophy and curriculum of treatment is the same, viz., the removal of noxious elements, the arrest of necrotic processes, and the stimulation to the proliferation of plastic cells, through the medium of agents addressed to the sympathetic. If the necrotic processes are more virulent and rebellious, and not amenable to milder agencies, as in the case of serpiginous ulcer, then more energetic measures must be resorted to, even the employment of the galvano-cautery, which, in the hands of some specialists, has of late achieved a success hitherto unprecedented, and promises to remove this affection from the catalogue of incurable diseases.

Tumors, dermoid or epithelial, of the conjunctiva and cornea, in their origin or development present no exception to the theory which we endeavor to sustain. The elements which enter into their composition are not introduced from without, are not foreign to the human constitution, but are normal constituents of the part at which they have their seat. These, in consequence of disturbed nutrition occasioned by causes innate or applied, proliferate to an abnormal degree, accumulate, and assume the magnitude under which the tumors are presented.

The same observations obtain respecting intra-ocular tumors—gliomata, for instance. In these cases, from some unknown cause, the sovereignty of the sympathetic is dethroned; chaos in the retinal elements prevails; secretion exceeds excretion; increase of the neuroglia of the retina, as well as hyperplasia of the retinal cells, ensues



to an enormous extent, which then aggregate, and develop into the well-known tumor. Sarcomata, which, by a peculiarly inherent selection, locates in the choroid, conform to the same laws of arrangement and growth.

The overthrow of normal nutrition, and its disastrous consequences, is presented in the most convincing manner in cases of glaucoma. This being an affection for the most part incident to persons of advanced years, the autocracy of the sympathetic has then begun to wane; the sclera assumes a firm and unyielding condition; the equilibrium hitherto existing between the secretion and excretion of the intra-ocular fluids is destroyed; their transit through Fontana's space and the canal of Schlemm is impeded, secretion is relatively, if not absolutely, increased, and accumulation results; the sclera, being unable to yield to the intra-ocular pressure, of which in earlier years it was capable, tension is increased to an extraordinary degree. The combined pressure of the posterior portions of the eye being exerted upon the peripheral parts of the iris, push this organ forward, and as a valve closes Fontana's space (the iris angle), and still further retards or prevents the transmission of the ocular fluids to the canal of Schlemm. The globe, thus distended, yields at the part presenting the least resistance: this is at the optic nerve entrance. Protrusion backwards, or staphyloma posticum, results. This displacement occasions pressure upon the optic nerve fibers, which are then incapacitated for the conduction of visual impressions received upon the rods and cones of the retina, and impaired vision or blindness is the result.

In its early stages, and especially in mild cases, the instillation of a solution of Eserine will often ward off a threatened invasion of glaucoma, by acting upon the sympathetic in such manner as to diminish secretion, thus restoring the equilibrium and consequently the conditions essential to normal nutrition. The effect of therapeutic agents addressed to the sympathetic nerve may be seen in the effect produced upon the vessels of the optic papilla by the inhalation of a few drops of Nitrite of Amyl. This medicament being a paralyzer of the vaso-motor system, the vessels admit a greater quantity of blood and the general vascularity is thereby increased, the employment of this agent is therefore specially indicated in the treatment of optic nerve atrophy.

The well-known effects of Pilocarpine in producing profuse perspiration and ptyalism are effected though its specific power to paralyze the vaso-motor elements of the great sympathetic system.

Many other agents capable of acting upon this system, and through its agency effecting the cure of disease, might be cited, but these must suffice. In fine, this system so extended, and so powerful in controlling vital function, is the "*impetum faciens*" of Hippocrates; the "*materia vita*" of Hunter; the "*nisus formativus*" of Blumenbach; the "motion without force" of the celebrated Haller, etc.; but that power which energizes and controls this great System is the original of all life, is the Great Creator himself, "in whom we live, move and have our being."

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## OVARIOTOMY.

BY J. H. SNYDER, M. D.

For a year, Miss Mina Black, aged 22 years, daughter of O. H. Black, of Virabile, Mo., had been suffering from an abdominal enlargement, supposed to be dropsical in character, for which she was tapped three times.

September 1st, 1888, she consulted me in relation to her case, and after a careful examination I diagnosed the case ovarian tumor, fibro-cystic in character, and advised immediate removal.

September 6th, 1888, I performed the operation, assisted by Drs. Pace, Collins, McDonald and Longfield. The abdomen was enormously distended, the tumor and its contents weighing not less than sixty-five pounds.

I made an incision eight inches long in the median line, punctured the cyst with a large trocar, while Dr. McDonald made traction on the cyst with a pair of Vulsellum forceps. I soon found the tumor was multilocular; and after puncturing three of the cysts, I became impatient at the slow progress I was making in drawing off the fluid, withdrew the trocar, incised the cyst, introduced my hand, turned the patient on her side, and scooped out the contents of the tumor with my hand, while my assistant made traction on the cyst to prevent the fluid from passing into the abdominal cavity. After emptying the cyst, I found a hard tumor, filling the pelvic cavity, strongly adhered by fibrous bands to the peritoneum. With my finger I broke down the adhesions, and with no inconsiderable force

landed the tumor outside of the abdomen. The pedicle was about the size of my wrist. I passed a needle armed with a heavy, braided silk ligature through the center of the pedicle, tied both sides, secured the pedicle about a half inch above the ligature, and then dropped the stump into the pelvic cavity. I then examined the other ovary, found it had taken on cystic degeneration, applied a ligature, and removed the ovary with a pair of scissors. I then sponged out the abdominal cavity with the ~~50%~~ solution Bichloride; secured a few oozing blood-vessels; introduced Prof. Howe's drainage tube; closed the abdominal wound with heavy silk sutures, half inch apart; applied adhesive strips and bandage; then put the patient in bed. In about a half hour the pain became severe; gave a hypodermic injection of Morphia Sulph., gr. ss.

The singular features in this case are the  $7\frac{1}{2}$  lb. fibroid in connection with the cyst; the extensive adhesions to the peritoneum; the rapid convalescence, without one untoward symptom. I am fully satisfied that I owe my success in this complicated case to Prof. Howe's drainage tube. The first twenty-four hours there passed fully three pints of bloody serum, and the discharge continued in a minor degree up to the seventh day, when I removed the tube. The temperature at no time exceeded  $102^{\circ}$ . The abdominal wound healed by first intention, with exception of about two inches, where she had been tapped. This cicatrized tissue healed by granulation. At this writing, the sixteenth day, she is sitting up, has an appetite like a Russian bear, and is happy as a lark.

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## SALICYLIC ACID IN THE TREATMENT OF RHEUMATISM.

BY J. HOBART EGBERT, M. D.

Last year, in the March number of the JOURNAL, there appeared a very able and practical discussion on the treatment of rheumatism, which undoubtedly proved of value to the readers of the JOURNAL, and especially to those who had not as yet given the Salicylates a proper trial in this affection. The writer of that article, however, was more liberal in his views than the writer of the present one intends to be; for, instead of treating rheumatism symptomatically, and resorting to the acid or alkaline medication,

or both, according to prevailing symptoms, I am ready, after diagnosis and prognosis according to symptomology, to treat rheumatism as a special disease.

Acute rheumatism is considered by many as a disease that is not generally treated with such results as could be wished for; nevertheless, with Dr. T. Maclagan, I can say: "Seeing a patient suffering from acute rheumatism, I have no hesitation in assuring him that within forty-eight hours, possibly within twenty-four, he will be free from pain."

While the value of Salicylic Acid in the treatment of rheumatism (I use the term Salicylic Acid as representative of the Salicylates as well; for it is evident that the active agent is the same, whether the acid or one of its salts be administered) is voiced by many and demonstrated by more of the profession, still its importance seems to be unappreciated by quite a large number. This, however, is due to human nature, rather than to any lack of virtue in the remedy; and as long as there are persons who will not admit the value of Mercury and Iodide of Potassium in the treatment of syphilis, and others who question the protective power of vaccination against small-pox, it is by no means strange that there exist those who deny the efficacy of Salicylic Acid in the treatment of rheumatism. In fact, while every new remedy receives proper attention and impartial investigation from some, it is sure to encounter the opposition of ignorance and prejudice. And especially is this the case with Salicylic Acid, which, while it has long been known to chemistry, is a comparatively new remedy, since many of the standard authorities, while compelled to acknowledge its virtues, discourage its use. But, regardless of these facts, Salicylic Acid as a remedy for rheumatism has been eulogized by many of the leading men of the profession, who have tested it for themselves; and its value seems incontestable, after the results reported by See, Herard, Hardy, Jacound, Maclagan, and numerous others. Moreover, study, as well as observation and experimental investigation, has led the writer to believe that its value has never been over-estimated.

While it is true that Salicylic Acid is generally more efficient in acute articular rheumatism than in any other type of this malady, it is by no means true that it is useless in the other forms. In fact, I consider it to be indicated in any case of articular rheumatism,

whether acute, sub-acute or chronic; and, moreover, in my own observation, as in that of Dr. Carr, the use of the Salicylates is not contraindicated by the presence of cardiac affections. On the other hand, the proper use of the Salicylates will lessen the tendency to heart complications and will prove of infinite value when they occur. In point of fact, Dr. Whipple, as early as 1878, reported in the *Lancet* a case of acute rheumatism, complicated by pericarditis and broncho-pneumonia, which yielded at once—when the patient was apparently dying—to Salicylate of Sodium, after a fair trial of alkaline treatment. While a few years ago Dr. George Parker May, of Maldon, reported in the *British Medical Journal* a most interesting case of endocarditis in a man aged 45 years, who had five years before suffered from rheumatism, and in the interval had been troubled with rheumatic pains, which was immediately relieved by scruple doses of Salicin. In chronic rheumatism Salicylic Acid has achieved remarkable victories; and, regardless of the numerous assertions to the contrary, I deem it an invaluable remedy in this type of the disease, and cases of complete and comparatively speedy cures are not wanting; while its superiority over all other remedies in gonorrhoeal and muscular rheumatism is clearly obvious to all who have given it a fair trial.

There are a few points in the exhibition of the Salicylates well worthy of attention. The administration of the pure acid has become quite unpopular, and the salts are now used almost exclusively. Nevertheless, I have used compressed tablets of the acid in acute articular rheumatism with mutual satisfaction to myself and patient; still, on account of the fact that the acid is bulky, and that it not infrequently gives rise to unpleasant symptoms when used alone, it is more preferable to use one of its salts—as the Salicylate of Sodium, Potassium, Lithium, etc.; while Salol (Salicylate of Phenol) has been shown to be a very convenient and efficient Salicylate. The Sodium salt is most generally employed; and as it is very soluble in water, and does not produce the unpleasant symptoms which at times attend the use of the other salts, it is to be preferred. In all cases of rheumatism the Salicylate of Soda should be tried in doses of from 10 to 20 grains, every two or three hours, according to the severity of the symptoms. I consider that it is best administered in Carbonated water; for it will prove less irri-

tating to the mucous membrane of the stomach, and will be more quickly and more thoroughly absorbed. However, there are many excellent ways of exhibiting the Salicylate, and many excellent combinations can be arranged at the option of the physician.

There are many reasons why the Salicylates do not always produce as good results as might be expected, but they are for the most part easily obviated. In acute cases the good effects of the drug are generally apparent after eight or ten doses. The temperature falls rapidly to normal, the pain and swelling disappear, and the patient is practically convalescent in two or three days; and, unless care is taken to prevent it, imprudent exposure is apt to follow, and the patient will be thrown back in the disease, while many harsh things may be said of the remedy employed. Again, relapses are liable to occur when the Salicylate is discontinued too soon; consequently it should always be continued for a few days after relief has been obtained from the pain and fever. Moreover, it must ever be remembered that solutions of the Salicylates are not exempt from the various changes which time and surrounding conditions effect upon so many drugs. Thus solutions of Salicylate of Soda made with ordinary water tend so rapidly to decompose, as to present a brown or black hue in a few hours. It is not at all improbable that grave symptoms reported in some instances after the ingestion of the Salicylates are referable to certain not yet fully understood changes of the salts. The necessity of absolute rest in the successful treatment needs some attention, as it is always an important consideration, and a disregard for this factor in the treatment accounts for many unsatisfactory results. In cases where it is quite impossible for the patient to move about, on account of the affection being located in the lower extremities, this difficulty is not so great; but even in such cases, where pain is so severe as to interfere with keeping the joints at complete rest, it is well to give a hypodermic of Morphia in conjunction with the Salicylic treatment—a second one will seldom be required. Again, the salt may be administered in insufficient quantity. In cases that have existed for some time it is useless to administer less than 15 grains of Salicylate of Soda every two or three hours. And by proper dosing we must obviate as best we can the last reason for unsatisfactory results which I shall mention, viz.: The late period in the course of the disease in which the medical man is summoned.

In certain types of the disease, as when complicated with malaria, full doses of Salicin will be found very beneficial, and milk will be found to be an excellent medium for its administration. In fact, Salicin possesses many desiderata which, added to the fact that it is comparatively cheap, make it a desirable remedy.

Salicylic Acid does not impair the digestive action of the pancreatic juice upon starch, proteids or fats; nor does it hinder the formation of the normal products of pancreatic digestion; but it does arrest decomposition, and thus prevent the formation of indol and scatol.

Proper combinations of Iron with Salicylic Acid are not only useful in relieving rheumatic symptoms, but are excellent tonics.

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## OTOLOGY.—ECZEMA AND OTITIS EXTERNA DIFFUSA.

BY KENT O. FOLTZ, M. D.

Eczema of the auricle and external auditory canal is sometimes very troublesome, and will tax the patience of both physician and patient. The usual treatment for eczema will usually suffice for the auricle; but when the disease is located in the canal, a cure can only be obtained by the personal attention of the doctor himself.

In severe cases, daily treatment is absolutely necessary; while in milder attacks, three times a week will usually suffice.

The cause of this disease is not well understood, but is placed under inflammatory affections of the skin. It seems to occur oftener among scrofulous or syphilitic persons, but is found so frequently elsewhere that it would be a poor policy to refer always to one of these as the exciting cause.

Eczema of the ear presents the same characteristics that it does on other parts of the body, and a description will be unnecessary.

Poulticing about the ear does so much harm at times that it should be dispensed with entirely. If the doctor could keep constant watch of the patient, there would be less danger; but trusting such methods to unskilled or careless hands is very poor practice, although it is a procedure very generally recommended.

*Treatment.*—For local applications, until the crusts are removed and cease to form (which occurs in the moist form of the disease) either of the following ointments will be found valuable: R. Acid

Salicylic, gr. xx.; Ungt. Petrolei, qs. ℥j. M., ft. ungt. Sig. Apply on cotton once a day. These directions being intended for the canal only, if the disease is limited to the auricle, the ointment can be smeared on and allowed to absorb; but in the canal such rough handling will meet with vehement protests, while a pledget of cotton can be smeared with the unguent and inserted without causing any pain. Another prescription which I frequently use is: R. Ungt. Picis Liq., Ungt. Zinci Oxidi, aa qs. M., ft. ungt. Sig. Same as above.

Before renewing the application, the canal must be thoroughly cleansed. If the canal is so tender that cotton can not be employed, the syringe must be used; the water should be as hot as can be borne, and some borax dissolved in it. Where the ear can be cleansed without using the syringe, it should be done; as I am opposed to the free use of water in this disease. I have used the following, but not enough to judge of its deserving a place in aural therapeutics: R. Ol. Eucalyptus, gtt. xx.; Ungt. Petrolei, ℥j. M., ft. ungt. Using it as the others.

In the dry, scaly form, I have had the best success with the following: R. Hydrarg. Oxid. flav., gr. xx.; Ungt. Petrolei, qs. ℥j. M., ft. ungt. Applied the same as the others. The Mercury should be rubbed first with a few drops of Glycerin, so that no lumps will be found in the finished preparation.

The objection urged by many against ointments, "that they impair the hearing through closure of the canal," is true; but, in my opinion, the results justify the means employed. The medicine is kept in contact with the inflamed tissue, thus obtaining continuous action of the drug.

The general health of the patient must be looked after, and if any predisposing cause can be found, it should, if possible, be removed. For constitutional treatment indications must be followed. If there is a tendency to form purulent pustules or exudation, Calx Sulphurata, ix., in 1 grain doses, every three hours, will give the best results. If the exudation is watery and acrid, I use: R. Liq. Pot. Arsen., ʒss.; Sp. Tr. Iris, gtt. xx. to gtt. xxx.; Elx. Simp., qs. ℥iv. M. Sig. Teaspoonful every four hours.

Where a syphilitic taint is present, antisyphilitics must be employed. If the patient is scrofulous, Cod Liver Oil will be indicated.



Diffuse inflammation of the external auditory canal occurs rather frequently, and occasionally is very obstinate, while at times the pain is so severe as to be almost unbearable.

The causes of this disease can usually be traced to some of the following: Irritation of the ear through the use of ear-picks, auralaves, hair-pins — especially among women — matches, etc., which are used through the insane idea that it is necessary to dig into the ear for the sake of cleanliness; surf-bathing; frequent diving; instillation of Camphorated oil, sweet oil and Laudanum, the latter frequently prescribed by doctors who should know better; the insertion of part of a boiled or roasted onion for earache, a geranium leaf for toothache, or some other foolishness; impacted cerumen; or a previous attack of eczema.

The subjective symptoms are: Itching sensations in the canal; pain; sensation of heat and fullness. The objective symptoms are: Redness of the canal and frequently of the membrana tympani; canal frequently swollen; granulations; and impaired hearing.

The granulations often are caused by applying a poultice to the ear, and will usually disappear spontaneously.

*Treatment.*—The hot water douche frequently will give relief. A douche can be extemporized with about three feet of rubber tubing and the stem of a tobacco pipe, using it as a syphon. The douche should be used for fifteen minutes to twenty minutes, and repeated every two or three hours. Chloroform vapor, warm air or tobacco smoke will sometimes afford relief; but occasionally no treatment will seem to do any good.

Leeches, blisters, free incisions in the canal, have all been recommended, but the results do not appear to give satisfaction, and I would advise them only as a last resort.

Constitutional treatment, I think, will do more than local measures, and I always prescribe for this trouble the same as I would for inflammation in any other part of the body. The fact must be borne in mind that we are dealing here, not with mucous membrane, but the integument.

The necessity of an actual examination of the canal by means of the head mirror and aural specula must not be forgotten, else the patient will probably not only receive no benefit from the treatment, but will go somewhere else.

I always use the Homœopathic preparation of Calx Sulphurata, made from oyster shells, instead of the U. S. P. Calcium Sulphide, which decomposes so readily that it is almost impossible to procure any but a worthless article in either powder or pill form.

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### SOME REVIEWS.—A LETTER.

BY P. A. SPAIN, M. D.

A little honest, manly criticism neither insults nor injures any other honest man. The AMERICAN MEDICAL JOURNALS are all full of interest and value to a man seeking knowledge, but the last (October) one seemed to draw my attention with unusual force. Some articles attracted attention by virtue of their truth exposed; others by the unusual spirit in which the authors wrote.

Dr. McPherson's article on the "Action of Medicine" is worth several whole books on therapeutics, such as we often find. It gets at the real "Principles of Medicine," and his style of defending his propositions made me want to head it, "The Philosophy of Medicine."

Dr. Howe's article, criticising some of Dr. Stevenson's views, bears the true stamp of Eclecticism, and shows to be written by a man who got outside of himself and viewed medicine as a broad, unfettered plan for all's good. Dr. Stevenson, in the able speech referred to, was perhaps a little extreme occasionally, and was not entirely "untrammelled" by some of the extreme views previously taught by valuable workers in our school.

There is one noble principle to which we all should adhere, but whose violation is often noted to be damaging to Eclecticism. That principle is—the good of medicine first; then the good of "our school." Too many of us reverse this, and have it—"our school" first; then the good of medicine. 'Tis right to exhibit enthusiasm in defense of the Eclectic idea in the study of medicine; but let us remember that all our teachings in the past were those of men, not of gods, and might be either wrong or improved upon. They bear stamps of human weakness, as well as strength; of human errors, as well as truth; and to acknowledge and correct these and add more truth is the mission of every student in medicine, whether he be named Eclectic or otherwise.

It is disgusting to see some men in our school spouting about

Eclecticism, their freedom, their liberal views, "untrammelled," "unfettered," etc., and at the same time, perhaps, they are bound in shackles by some old so-called Eclectic idea, which any thoughtful scientist could explode in a minute, and which, perhaps, they had never questioned as to its right or wrong.

We talk and write about medical union. There can be no union so long as medical schools, as schools, fight each other. The only damage I see done by the existence of different schools is the license it seems to give some men to abuse each other's characters, practices and motives. Among honest, liberal, big-hearted men there's already union in nearly all except name—they are all searching for more truth—and everybody knows that "name" can amount to nothing. Get out among the busy practitioners, and how often will we find their methods running nearly parallel—could scarcely find any difference except in a harbored prejudice born fifty years ago when both schools were on extremes. If Allopaths will expunge from their code that article which prohibits consultations, we need not even talk of union—the thing will unite itself. Eclectics, with all their efforts, can have no power to change that code. Allopaths alone can change it. The only question is, will they? When they acknowledge, as a school, the good in other methods of studying disease and medical action, and acknowledge the unchristian sentiment in that article of their code, then there will be a fusion of schools that's rapid, and not before.

The union of the schools is certainly desirable—at least in the sense of being respectful of each other; but there is no call, no justice, no honor for Eclectics to ask quarters of Allopaths. There is a call for Allopaths to be liberal-souled towards their fellow-men and revise their code in accordance with higher manhood. The origin of Eclectic medicine was a just one. It was almost forced into existence by abuses practiced in Allopathic ranks—abuses which their best leaders now acknowledge and discard—but abuses to which opposition then would not be heard or permitted in their societies. Reform was called for by both living and dead, but reformers were forced to be such outside of communion with the then dominant school. While the leading lights in their school to-day acknowledge those past errors and abuses, they, in their injustice of heart, refuse the hand of fellowship to those most instrumental in

pointing out those wrongs. What an injustice—"Man's inhumanity to man!"

I am in favor of Eclectics following in the direction of the "star of truth," and those who respect it will finally be lured into its ranks. Allopathy will some day change that code, and then union is accomplished. As evidence to our rightful claim to existence, I have observed the following: Eclectic physicians in this country (Texas) are very rare, compared with those in the other school, but there are many people here who have emigrated from other states where Eclectics are more numerous, and with a universal accord such people yield their preference to Eclectics when found here.

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## NEURASTHENIA.

BY ELIAS WILDMAN, M. D.

This disease, with its multitude of troublesome symptoms, we find daily in our practice, and it often is one which resists our treatment.

When we consider that from the great cerebro-spinal system of nerves there passes that influence or power which is required to sustain the various organic functions in their healthy condition, we can then easily see that any change in that nervous condition, either a deficiency or excessive or perverted state (brought about by numerous causes), may produce a multitude of symptoms, from the interference with organic functions. Many appear so severe in their intensity and continued in appearance as to strongly indicate organic changes.

It is from such a deranged condition that many of our digestive diseases originate, viz., nervous dyspepsia, etc. Also, we have many affections of the reproductive organs; this we can easily find in the uterus and its appendages; also in the male, when of a nervous temperament. The nutritive processes of the heat-producing force are likewise governed by this nervous power. How easily, then, to have too much heat, or otherwise, when there is irregular organic action. The brain, working all day, requires rest, just as any other organ, but is often abused. The urine, also, often becomes increased in quantity and loaded with phosphates. Our patient is careworn, anxious, easily excited, irritable; does not wish to study, read, or cares not for his business affairs as he once did.

There is an irregularity of appetite, or it may be entirely lost; distress after eating; bowels also irregular; pains in head; sometimes a heavy, loaded feeling in the occipital region; pains in back; tenderness; dyspnoea; palpitation of the heart. Some patients imagine themselves sufferers from serious heart or lung trouble; while others may imagine themselves possessing cancers or tumors. The patient who was once cheerful may now be found depressed, and looks at the dark side of everything, seeing no bright chances for him.

In the female, we so often find her weak, languid, complaining of head, back, limbs aching or trembling, appetite poor, the uterus also being her trouble; menstruation irregular; leucorrhœa; pains in ovarian region; tenderness over sacro-lumbo spinal region; she cannot take an interest in her household duties as she once did; her dress will sometimes show her lack of interest. These are cases which are often troublesome to treat, as many patients are not careful to follow their physician's advice, and many expect an immediate action of the medicine given them; so often they wander from one physician to another, giving no one any length of time to benefit them.

In these cases I have lately followed this treatment, giving me the best results:

1. Rest, in those who have been subject to study and mental strain, leading an active life.
2. Moderate out-door exercise, in those who previously led a sedentary life.
3. Fresh air, a change of scenery, of occupation when necessary.
4. Substantial food, regulating this according to the peculiarities of each case.
5. Be careful of opiates. I have seen a number of cases where the Opium habit has been caused by its use in this disease. Bromides, Hyoscyamus, Pulsatilla, may be used to allay nervous excitement and produce rest.
6. Rub body well with coarse towel night and morning.
7. Internal use—Pulv. Hypophosphites and Pepsin (Tyree's), in doses of grs. x. to xx., dissolved in milk or water, after each meal and bedtime.

Use as little anodynes as possible. Build up by reconstructive treatment.

The named preparation of Pulv. Hypophosphites of Lime, Soda, Iron, Potash and Manganese, et Pepsin, is manufactured by J. S. Tyree, of Washington, D. C. It is repurified, and in a pulverized state,  $\frac{3}{4}$  j. of it being equal to three pints of the ordinary syrups. In my practice I have preferred it to syrups, as I find in many cases saccharine material contraindicated, and gastric disturbances following the continued use of the syrups. It is unalterable; can be used in all cases where Hypophosphites are indicated, giving immediate beneficial results. The Pepsin is also a remedy indicated in these diseases, it aiding the digestive function.

### POSTAL BRIEFS.

TO CURE A FELON.—*Prof. Younkin*: You ask for reports of cases, and I desire to call attention to the use of common salt in the treatment of felon.

A young man came to me suffering intensely with a felon on the first joint of his middle finger. No sleep for a number of nights. Finger badly swollen; the hand hot and inflamed. He had opened a small place in search of a splinter, as his business was that of a lumberman. I immediately applied: R. Salt, Castile Soap, equal parts, moistened with Venice Turpentine, with a few drops of Laudanum. The relief was almost immediate, and the swelling of the hand soon disappeared. On the fifth day I took out the pus, or a chunk of necrosed tissue, which separated clean from the walls of the abscess. The pus was a pea-green, and left a cavity as large as a hazel nut. The tendons and periosteum were plain to be seen. I cleansed the parts with warm water, drew it up with adhesive strap, and re-applied the poultice, and in a week more it was well. I regard this an excellent poultice in all suppurative difficulties.

MIRANDA C. WHITE, M. D.

MORE LIGHT WANTED.—I wish to present a very interesting case for the consideration of the many readers of the AMERICAN MEDICAL JOURNAL, to ask more light from those who are interested in electricity.

Edward B——, aged 23 months (an eight months baby), came under my professional care some six weeks ago with some obscure nervous trouble. He has never sat up a day in his life, and his muscles were so flabby when I began treatment that when he was

set erect he would go down all in a heap. The fault seemed to lie more particularly in the extensors than in the flexor muscles; at least he has partial control over the flexor, and only by times does he seem to have any over the extensors. If he undertakes to grasp anything handed him, all, or most all, of the extensors of both upper and lower extremities become perfectly rigid. He was subject to attacks of indigestion and fever about every two weeks, previous to their bringing him for treatment. I put him on the use of Fellow's Co. Syr. Hypophosphites, a teaspoonful three times a day, and Quinia inunction once a day; general and local faradization daily, using primary current, intensified, if necessary, by pulling out muffler (Harris' Improved Faradaic battery); in past few days have been alternating the above with galvanic 18-cell McIntosh, bringing into the circuit from 4 to 10 cells.

He spends from half to an hour each day in a spring jumper, suspended from the ceiling, improvised for his special benefit.

With this treatment, he has gained in every particular, but seems now to be on a stand-still.

I am at a loss to know whether I am applying my batteries correctly or not, or whether I should dispense with one or the other. I think the Galvanic is indicated, as the Faradaic's field of action is too superficial to reach the cause of trouble; therefore I deemed it prudent to alternate the two.

I'll be grateful to hear from some of the older heads in this particular department of medical science, as I consider electricity the only therapeutical alternative that promises anything in this class of cases; and, again, my object in writing this article is to start a stone rolling on this very important subject, electricity, which I consider is being very much neglected. There are a class of nervous troubles constantly presenting themselves to every practitioner, no difference whether city or country, that, according to my opinion, it is useless to medicate, in which electricity may be brought to bear with a prospect of obtaining prompt and permanent good.

L. H. MASON, M. D.

BURNS.—In March last, while a fire was raging in Union City, Pa., I, with others, were assisting to remove goods from an adjoining drug store, where the fire as yet had not extended. An explosion of dynamite from the burning building blew the side of the

drug store in. For a time I was enveloped in flames of intense heat. All parts of my body that were not protected by clothing were severely burned, the integument being entirely destroyed. I will not attempt to picture the suffering I endured, as any work on surgery gives a good description of the symptoms. I will simply allude to the treatment, which I found very defective.

Carron Oil, as an external application, failed to give me any relief. After suffering twenty-four hours, an old lady advised me to use fresh-slacked lime; this suggested an idea, which we acted upon at once. Lime and distilled water were mixed together to the consistency of thick cream, then equal parts of Linseed Oil were added; this mixture relieved the pain. This dressing was continued until suppuration set in. We then used an ointment composed of: R. Acidi Carbolici, ʒj.; Vaseline, ʒvj. M. This was continued as long as any dressing was required.

The following facts I learned from my painful experience:

1st. When called to treat a severe burn, give Morphia subcutaneously to relieve pain, and Whiskey internally to guard against the cold stage, which will set in about one hour after the injury.

2nd. Official Aqua Calcis does not contain enough Lime to make the first dressing for a burn.

3rd. Do not puncture blisters, or remove the burned and detached skin.

4th. During suppuration, keep parts clean, and change dressing often; never use liquids; a soft piece of old linen, pressed gently upon the parts, will remove the matter; avoid rubbing, as it will not only cause pain, but damage granulation.

5th. Watch the granulations carefully. Should they raise up above the surface, touch them with Nitrate of Silver.

6th. As soon as soreness will admit, use splints and bandages, to avoid contraction cicatrization is liable to produce.

W. P. BILES, M. D.

**A NEW REMEDY FOR HEART DISEASE.**—Under the above heading, the Old School journals are presenting to the medical profession the startling discovery of one Dr. Orlando Jones. He describes the plant from which the remedy is obtained to be a native of Jamaica and Vera Cruz, and speaks of its beautiful flowers.

The doctor says he has often used a tincture made from the plant



as a substitute for Digitalis in cases where the latter remedy was contraindicated, and asserts that the action of the remedy is to strengthen the heart and improve the circulation, and assures the reader that this new remedy is one that will prove of much value to the profession. The name that is applied to this new therapeutic agent is *Cactus Grandiflorus*—or Night Blooming Cereus.

This is simply disgusting, to put it mildly, to the Eclectic, as well as to the Homœopathic, physicians, who have used this remedy for years. To read such nonsense, when we know that *Cactus* has been a faithful medicinal agent with each of the above-named schools of medicine for the last twenty years. It is an agent that can be found in the pocket cases of one-half of the Eclectic physicians, and has been in common use for years, and still is a new discovery.

Dr. Orlando, did you read of this remedy in Scudder's Specific Medication? Did some friendly Homœopathic physician tell you about it? Or did you find its uses defined in the American Dispensatory of 1860?

Years ago this *Cactus Grandiflorus* was brought before the medical profession by Dr. Scheele, of Germany; and, later, by another Homœopathic physician, Dr. R. Rubini, of Naples, who gave it as a specific in some pathological conditions attending diseases of the heart.

This reminds me of another startling discovery that was reported in the *N. Y. Medical Journal*, of 1885. This time it was regarding the ancient Eclectic remedy, *Hamamelis*. Still, it was a new remedy to them. The fact was that it had been used by Eclectics for ages, generations having come and gone since the old Botanic physician who introduced this remedy to his brethren died of old age.

Some time during the year 1887, I noticed the account of still another discovery that was to revolutionize the treatment of dysmenorrhœa by using *Macrotys* and *Pulsatilla*. Who can deny the fact regarding the use of Black Cohosh in this same class of disorders? It was used by the American Indians, and from them took the name of squaw root. Still our regular brethren regard Cohosh and *Pulsatilla* as new remedies in dysmenorrhœa. We will not say they have stolen our remedies. But if I could find another word

in the vocabulary that would convey about the same meaning, I would be tempted to make use of it in this instance.

It is true that the Old School physicians deem it beneath their dignity to speak of an Eclectic with any degree of respect; but it should also have the same effect upon their dignity to pick up our old remedies one by one, and hold them up to the faithful as new remedies with the same therapeutic uses as claimed by us, often quoting word for word from the writings of Eclectics, and never in a single instance are we credited with a priority regarding them.

I can assure our Old School brethren that it will do them good, as well as their patients, to still further search among the rubbish (as some have chosen to term Eclectic literature) for discoveries to bring up for inspection, and they may still find others equally as new and startling as those herein mentioned.

E. R. WATERHOUSE, M. D.

**A CASE OF EPILEPSY.**—May 27th, 1888, was called in haste to see Thomas Anderson, a brawny farmer, 6 feet 3 inches high, and about 50 years of age, slender built and sinewy. Found him quiet, but had been suffering from severe spasms of left side, beginning, as he expressed it, like a bolt being driven through the left hand, and severe cramp, passing up the arm to the shoulder and heart, when consciousness left him. He remained in tonic convulsions for several minutes. Face cyanotic; breathing labored. After thorough examination, I put him on full doses of Brom. Pot. and Tr. Gelseminum, every two hours for the first day, and then at longer intervals. In connection with this, on June 2nd (he having malarial symptoms) put him on Sulph. Cinchonidia and Prussiate of Iron, in 4-grain doses. Done well, and began farm work, till the 6th, when he had another attack. Was called again and found him as before, the convulsion having subsided. They soon returned, and continued, he having about four spasms an hour.

Being a new doctor in the family, and they being alarmed, Dr. J—— was summoned. He examined the case, and spoke favorably of my treatment; but, as it had failed, proposed Strychnia, in  $\frac{1}{2}$ -grain doses, every six hours. Began treatment at once. Two strong men could confine the spasmodic action to the forearm by firmly grasping the arms above the elbow. This means was persevered in throughout. Four strong men kept constant vigil. I visited him daily.

On the morning of the 9th his son reported him worse. Dr. J—— was called again. I called at 2 P. M., but he had not arrived. Found patient much better, not having had any return of the trouble for eight hours. Left a note to Dr. J——, proposing to go on with treatment and let well-enough alone. He arrived at 6 P. M., and agreed with me. About this time patient had another spasm, and rested well all night. Next morning, as we were preparing to leave, he was seized with another spasm. This was the last one. Continued the treatment till he had taken 14 grains of the Strychnia. Then gave him a general tonic treatment for a month. Occasionally, when he labors too hard, he has symptoms of the trouble, but a few doses of the Strychnia puts a quietus on it. He has a son who is an epileptic. Back of this, there is nothing of the kind in the family that we can trace. S. W. SAUNDERS, M. D.

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### BOOK NOTICES.

**THE THEORY AND PRACTICE OF OPHTHALMOLOGY.** A Hand-book for Students.—By John Herbert Claiborne, Jr., M. D., Instructor in Ophthalmology in the N. Y. Polyclinic; Clinical Assistant in the Vanderbilt Clinic (Department of Ophthalmology); Surgeon in the Northwestern Dispensary (Eye, Ear and Throat Department).

This is a brochure of the "Leisure Library," published by Geo. S. Davis, Detroit. Series iii. Price, paper cover, 25 cts.; cloth, 50 cts. The author has very clearly illustrated his subject by numerous diagrams, and the book is well adapted to beginners who wish to gain a knowledge of this important subject.

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**THE EAR AND ITS DISEASES,** being Practical Contributions to the Study of Otology.—By Samuel Sexton, M. D., Aural Surgeon to the New York Eye and Ear Infirmary; Fellow of the American Otological Society; Fellow of the New York Academy of Medicine; Member of the Medical Society of the County of New York, and of the Practitioners' Society of New York. Edited by Christopher J. Colles, M. D. Octavo, 473 pages. Numerous illustrations. Extra muslin, \$4.00. New York: Wm. Wood & Co.

This is a very acceptable volume to the literature of this subject. The book is the author's experience of a very large practice in ear diseases.

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E. YOUNKIN, M. D.,

- EDITOR AND PUBLISHER.

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Original Articles solicited from all sources.

Clinical Reports, Surgical Operations and Notes of Interesting Cases specially invited.

The Editor does not hold himself responsible for the views of Authors, and reserves the right to condense lengthy articles.

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## EDITORIAL.

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### EDITORIAL GLEANINGS.

DIPHTHERIA. — Dr. J. M. Gibbes, in the *Australia Med. Jour.*, speaks very confidently of the Blue-gum steam treatment in diphtheria. He states that he has treated this year 110 cases, without a death; and Dr. Carroll 150, with 1 death; whilst a colleague lost 6 out of 45 cases, using other treatment. "I keep the patient night and day," says Gibbes, "in an atmosphere of Blue-gum steam, no matter whether the throat, nasal passages or larynx were affected;" and "patients breathing an atmosphere charged with it

for a week, are not weakened, notwithstanding the depressing effects of the diphtheritic poison."

The Oil of *Eucalyptus globulus* is the article used. It is an antiseptic, and when taken into the stomach it re-appears in the secretion of the glands of the throat. It disinfects the membrane and discharges of the mouth and throat in a very short time. He thinks stimulants ought not to be given, as they depress the heart. Dr. Gibbes believes that diphtheria in all its forms can be cured with the constant steam treatment. The experiment may be tried and tested.

**ANIPYRIN.**—The virtues of this drug may be summed up as follows:

It is valuable in *rheumatic pains, migraine and hemicrania*. In *inflammatory rheumatism* it is said to be superior to Salicylic Acid; and safer in *neuralgia* than Salicylic Acid. In *locomotor ataxia* it is used to arrest the lightning-like pains. Prof. See praises it in *angina pectoris*. For a *crick in the neck or back*, in *pleurodynia, coccydinia, and spinal irritation*. It is given to relieve the pain in *hepatic colic* and in *dysmenorrhœa*. It is used in doses from 5 to 20 grains. A single dose is often sufficient. Hypodermatically, it gives immediate relief to pain. Dissolve 5 grains in 10 drops of water, and use it in a single injection. A slight pressure or burning pain is felt for a few minutes, but it leaves no unpleasant effects.

**ANTIFEBRIN.**—Dujardin Beaumetz declares that this drug ought not to be used as an antipyretic in fevers. It does not act as a conservator of vital energy, but depresses the vital forces, which should not be depressed in fevers. "As a nerveine medicament," he says it is a "precious acquisition to therapeutics." He asserts that antifebrin is dangerous in fevers in small doses (7 grains); while in apyrexia larger doses do not produce any physiological effect. The same dose does not act the same in all persons, and some have an idiosyncrasy against it. It is given in doses of from 2 to 15 grains. It may be used in *facial neuralgia, rheumatic and articular pains*; in *sciatica, pleurodynia, and lumbago*. Violent pains are kept in abeyance by small doses. Pain in general is an indication for its use, and it is an anodyne superior to opium and its preparations.

**HYPERTROPHY OF THE PROSTATE.**—In the *Lancet*, of February 4th, 1888, Dr. A. F. McGill says about 30 per cent. of all men over fifty-five years have enlargement of the prostate. He recognizes three

forms of enlargement, with one common character, namely—all growths which protrude into the bladder, and may be described as vesical growths and not perineal:

1. A uniform circular projection surrounding the internal orifice of the urethra.

2. A sessile enlargement of the middle lobe, small in size.

3. A pedunculated enlargement of the middle lobe, springing from the prostate immediately behind the urethral orifice. It varies much in size, and the peduncle varies also.

(We are inclined to the belief that Dr. McGill is in error in his "common character," as we have seen cases that protruded into the rectum, and did not block the urethra to any considerable degree.)

After tracing the changes induced in the bladder and kidneys by inflammatory action, the doctor referred to the orthodox treatment of passing a soft catheter to draw off the urine, which in many cases is impracticable, or by some means fails to relieve. He then proceeds to describe a new operation—that of "supra-pubic prostatectomy." The operation is described as follows: A full-sized silver catheter is passed, the contained urine withdrawn, and the bladder washed out with warm saturated solution of Boracic Acid. A pyriform rubber bag is now introduced into the rectum, and filled with 14 ounces of warm water. Boracic lotion is now injected into the bladder until the swelling extends up towards the umbilicus, from 8 to 10 ounces being the usual quantity. The catheter is retained into the bladder. The pubes being shaved, and the skin on the abdomen being cleansed, an incision is made, three inches in length, extending upwards from the pubes on the linea alba. The bladder is exposed, and an assistant depresses the catheter, causing the end in the bladder to project into the wound. The bladder is now caught with a tenaculum and drawn up, when a longitudinal incision is made from above downwards. The bladder-walls are now seized with forceps on each side of the incision, and the catheter is withdrawn from the urethra and the bag taken from the rectum. Now the parts can be explored. A pedunculated form is removable; a sessile middle lobe, with scissors and tearing forceps. The collar enlargement is the most difficult, but it is advised to divide it longitudinally by one blade of the scissors inserted into

the urethral portion above, and then passing the other blade into the same opening and dividing the portion below. Thus the gland is divided into halves, and may be removed separately by scissors curved on the flat, or enucleated with the tip of the fingers. The hemorrhage is said to be not excessive, and the bleeding is checked by hot antiseptics. A large rubber tube is now passed into the bladder and left out of the lower angle of the wound in the abdominal wall. The parts are dressed antiseptically.

**PARACENTESIS PERICARDII.**—There are several methods of tapping the pericardium. The operation may be performed by making an incision an inch and a half long between the fourth and fifth or fifth and sixth ribs, at or a little behind their middle. The intercostal muscles are then to be cautiously divided, and the point of the bistoury to be passed through the pleura. If fluid escapes from this puncture, it may be slightly enlarged. The patient should be placed on the diseased side immediately after the puncture, so that the matter may flow out without the ingress of air. The wound should be closed with strips and antiseptic dressing. The abdominal viscera should be pressed upwards while the fluid is escaping, and the chest should be bandaged. In beginning the operation, the skin and cellular tissue should be drawn strongly to one side; then, upon the withdrawal, the inner wound may be covered.

Another method (*Process of Skielderup*): A crucial incision is made at the lower end of the sternum, opposite the articulation of the fifth rib. A small trephine is applied, and after the piece is removed the pericardium is exposed to view. This is now picked up with the forceps, and punctured with a bistoury or trocar.

**STROPHANTHUS.**—We glean from the *Practitioner* the following action of Strophanthus in cardiac disease: Professor Langaard gives a summary of its action: (1) The contraction of the heart is stronger and more vigorous; the pulse fuller, more regular and slower. (2) The disturbances of respiration—dyspnœa and asthmatic affections—as also the distress and anxiety of the patient, are more relieved by Strophanthus than by Digitalis. (3) The secretion of urine is often enormously increased, and the cedema disappears. This effect is not only produced in cases of heart disease, but also in morbus Brightii, in such a high degree that in this disease.

it may supersede Digitalis. (4) The unpleasant effects following the continued use of Digitalis, such as loss of appetite, nausea and vomiting, which sometimes necessitate its discontinuance, are very rarely observed with Strophanthus. (5) The drug does not possess any cumulative effect, and can therefore be given without interruption. (6) The effects are rapidly produced, but not so lasting as Digitalis. (7) Strophanthus is to be preferred when a quick action is desired, and when a sustained stimulation of the mechanical action of the heart is necessary.

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**"IT IS A GRAND THING TO BE FREE."**

"A good therapeutical maxim is this: Anything on earth or within the earth, anything in the vast resources of nature, that will cure the patient, and that one in particular which, while curing him, will do him the least harm. This allows the regular physician to choose from the vast domain of therapeutics, unbiased by any dogma or exclusive theory, any successful remedy, by whomsoever discovered or recommended. It is a grand thing to be free. Anything which attempts, by authority or intimidation, to put fetters upon ideas is an impediment to true progress."

The above is from the October number of the *Medical World*. Is this Regular medicine? Is the *Medical World* uttering the sentiments and practice of the so-called Regular profession? I want to believe that this is true; but something seems to say: "You can't." But we are glad to have it acknowledged that this is a good therapeutical maxim. All that bothers us now is to know whether the maxim is regular or irregular. If Regular, then the *Medical World* is regular; and so are Eclectics, for they have maintained this doctrine from the beginning, and they have built their structure upon it—they live by it, practice by it, and swear by it. The *Medical World* never saw an Eclectic that did not eschew that maxim and slobber all over it.

The *World* says: "This allows the Regular physician to choose from the vast domain of therapeutics, unbiased by any dogma or exclusive theory." Why, of course it does; but does he do it? Then where is it exemplified, and when did he come in possession of it? Because Eclectics have held to this doctrine, the Regulars have heretofore accused them of holding to an exclusive dogma. How is it now, as we look through the glass of the *Medical World*?



### MERCURY IN SYPHILIS.

In the *New York Medical Record*, September 8th, Dr. J. S. Pretzman raises the question—"Is a prolonged Mercurial course advisable in syphilis?"

We summarize some of the points as follows:

1. The medical profession, having ceased to question the propriety of a prolonged Mercurial course in syphilis, is now engaged in ascertaining a new method of its administration.

2. The failures of the past attributed to faulty introduction of the remedy, the profession introduced fumigation, inunction and alimentary methods. These proving unsatisfactory, they have now resorted to hypodermic medication.

3. For decades we have been taught to depend upon Mercury; and notwithstanding the results have been unsatisfactory in many cases, the profession has declined to abandon the treatment or even investigate other remedies.

4. As much injury has probably been inflicted by the use of Mercury in syphilis as good accomplished; and, when taking into account the fact that every suspicious sore has been treated by Mercury, may we not conclude that its effects have been even more mischievous?

5. May not *tertiary* syphilis after all be the result of a prolonged Mercurial course of treatment? For such are the very lesions of chronic Mercurial poisoning; and the experience of others, as well as myself, is that under a vegetable alterative course, with Iodides, tertiary syphilis is not known.

6. That in treating syphilis the Iodides alone are unreliable, just as Mercury, but in combination with Iridin, Phytolaccin, Eunonymin, Leptandrin, Podophylin, etc., the results are most gratifying.

These facts are in such harmony with my own experience that we give them emphasis here.

That Mercury will suppress the disease we cannot doubt; but that it will eliminate the virus no one can claim. Whatever drug is used in syphilis, it must of necessity be of long continuance; and Mercury cannot be taken any great length of time without disaster to the general health and leaving its permanent injury. A syphilitic under the use of Mercury seldom becomes free from the disease, and the majority must suffer with some form of chronic

hydrargyria—a disease perhaps more formidable than syphilis. My conclusion is that *tertiary* syphilis is a misnomer, and ought to be called chronic Mercurial disaster, or chronic hydrargyria—and that the tertiary form will not follow a merely non-mercurial course.

My experience is that syphilis can be not only suppressed with the non-Mercurial course, but so eliminated from the system that there will be no further symptoms, either upon the individual or upon his progeny. Patients once under a Mercurial course of treatment are harder to cure—taking longer time—and many never become free from the disease.

For an illustration, two cases, running parallel, may be mentioned: The husband contracted the disease, and was under a Mercurial course one year before he was placed into my hands. At nine months duration of the disease the wife contracted the primary sore and bubo. She immediately came under my care. She had the syphilide—was under my supervision for sixteen months, and then discharged cured. The husband, with one year's previous Mercurialization, had to continue treatment two years longer than the wife. I am persuaded that the difference consisted in the fact of his former Mercurial treatment.

If you will cure your patient of syphilis, keep aloof from Mercury. If you will avoid the tertiary, don't give Mercury. That is my opinion.

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### NOTES AND PERSONALS.

DR. W. P. BILES has changed from Union City, Pa., to Chanute, Kas.

DR. F. N. BURGIN has changed from Kingman, Kas., to Albany, Mo. His son was recently killed by a stroke of lightning.

DR. E. R. WATERHOUSE, from Geneva, O., has located in St. Louis, and is in the chair of Materia Medica and Therapeutics in the American Medical College.

I THINK our readers will say we have an unusual amount of original matter in this JOURNAL.

DR. ELIAS WILDMAN asks our readers for their treatment of the *morphine habit*. We shall be glad to publish what they may have to say on this subject.

PROF. H. SHOMBER, lecturer on Clinical Gynecology and Diseases of Children in the American, introduced a lady clinic to the class, when she turned around, and seeing the skeleton, she ran, and has not been seen since.

THE authorities of Berlin have seized upon 40,000 copies of Sir Morell Mackenzie's book. This is on the principle of stopping an argument with a crow-bar.

GERMANTOWN, TENN., Feb. 18, 1888.

JEROME KIDDER MANUFACTURING CO.

*Gentlemen* :—The No. 5 Hydrostat Electro-Faradic apparatus has been duly received; and from the annoyance I have experienced in keeping other machines intact, it seems that your device is but *little less* than *perfection*. Its convenience is striking; the readiness and certainty of its work is marvelous. The durability, simplicity, compactness and efficiency is striking and suggestive to the needs of a busy practitioner; and, above all, will add that the various currents produced in this machine can not be equaled by any machine now offered to the profession. Yours truly, T. H. WILLIAMS, M. D.

ELWIN WALLER, Professor of Analytical Chemistry at the School of Mines, Columbia College, N. Y., has examined a sample of Carnrick's Soluble Food (purchased from Eimer & Amend), and says: "I find that 38.26 per cent. of the albuminoids which it contains are in the soluble form.

"The sample also gave readily the biuret reaction for peptones. I failed to detect in the food, when moistened, any of the 'hard, unchanged particles of casein,' which it has been asserted that it contains.

"My results lead to the conclusion that the casein in the preparation has been partially rendered soluble by the action of the digestive ferment, as claimed by the manufacturers."

Thus he sets aside a statement previously made by Prof. Leeds, which Reed & Carnrick had claimed was not a fair representation.

I CAN heartily endorse the use of Succus Alterans. I prescribe it constantly in cases of syphilis, scrofula, and various skin diseases, and must say that the results from a proper use of this preparation are always satisfactory. Very truly,

Hot Springs, Ark.

CHARLES DAKE, M. D.

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## *ORIGINAL COMMUNICATIONS.*

### **CINCHONA.\***

BY H. L. HENDERSON, M. D.

Apropos to the discussion on the above subject at our last meeting, I have diligently searched out all the authority at my command, and will attempt to give the results of my investigations.

The natural habitat of the Cinchona tree is the western part of South America, but it has in the last few years been transplanted to the United States, especially to the southwestern part. The pharmaceutical preparations of the drug we will leave to the manufacturer; we, as physicians, are only interested in the therapeutic action of the alkaloids, especially the Sulphate.

The only rational method of studying the action of any drug is to administer it in increasing doses to the healthy adult, closely watching its effect, thereby discovering where it acts and how it influences a given part; then, when the intelligent physician has mastered this knowledge, he is ready to administer it to his suffering patient and overcome the pathological conditions which he has learned that it will antagonize; and he who gives it without possessing this knowledge is a traitor to the trusts reposed in him by his suffering patron. Empyricism was well enough for our ancestors, but the doctor who hides behind that defense in this age of the world is a sluggard and drone, and deserves to be stung from the medical hive of searchers after true therapeutic knowledge.

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\* Read before the Eclectic Medical Society of St. Louis.

Modern or the advanced physicians of the present day have formulated what they are pleased to term "indications" for the administration of the Cinchona salts, and never give either of them unless these indications are present. These indications are as follows, and are based upon what is the physiological action of the drug: A soft, open pulse; a moist skin; a moist and cleaning tongue; a periodic disease. And if the drug is given when these indications are not found, it will do harm instead of good; but if they are present, it will right the wrong and give the patient a new lease of health and life. Let us enquire into the action of the drug when given to the healthy adult, and see if these "indications" are sustained.

When given in large doses, it produces a deep or severe congestion of the basilar portions of the brain, bordering on inflammation of those parts, which accounts for the tinnitus, delirium, vertigo, convulsions and collapse unto death that may follow its indiscriminate administration. It is capable of entirely destroying the normal functions of the cerebrum by this quasi inflammatory action.

By its action upon the pneumogastric nerve, irritating it and whipping it into hyperactivity, it may, in irritable states of the gastric mucous membrane, produce a true gastritis; but, in atonic states of that viscus, it acts the part of a tonic, giving normal circulation, innervation and function, when given in small doses.

On the spleen, it produces engorgement, and, if continued long, will cause hypertrophy of that organ; the Malpighian bodies are destroyed, their blood-making function is lost, constituting one link in the chain which ends in the pronounced anæmia of advanced cinchonism. The lungs are embarrassed in their functions, becoming congested, dyspnœa and precordial oppression, even inflammation resulting; this it does by its action on the nerves distributed to these structures, not primarily through the circulation.

Acting on the brain, the great inhibitory centre, it is reflected on the pneumogastric to the great solar plexus, then to the liver, where it brings about very striking phenomena, of which the genus doctor at large takes no cognizance. Debility of the vaso-motor nerves distributed to the hepatic cells soon follows the repeated administration of any of the Quinia preparations; long-lasting congestion results, with its train of obstinate symptoms, such as jaundice, dyspepsia, melancholia, etc.

The functions of the kidneys are materially altered by the action of Quinia. The excretion of urea is lessened 40 per cent, the same amount of Quinia being excreted by the kidneys that is taken, showing conclusively that the action of the drug does not depend upon its chemical or its union with any of the tissues; if any part of the medicine is not excreted through these organs, it is thrown out as Quinia by some of the other excreting organs; irritation, congestion, hemorrhage and inflammation is caused, albuminuria and cystitis following as sequellæ. We would at once come to the conclusion that if the excretion of urea is diminished, then certainly what we call retrograde metamorphosis is proportionately decreased, or else the kidneys are so profoundly affected that they cannot perform their functions, and consequently the worn-out tissues are retained in the body as foreign material. If we attentively watch a case of cinchonism, we will likely be convinced that the latter is the true condition of affairs. The powerful prostrating influence of Quinia upon the muscular system is produced by its parietic influence upon the cerebro-spinal nervous system, while the muscular fibres themselves are greatly increased in that property we call irritability, giving restlessness, trembling, neuralgias, etc., which often assume a chronic character, or even total paralysis, local or general.

The Cinchona preparations are all very powerful protoplasmic poisons, even in small doses. Cinchona kills or destroys large numbers of the white corpuscles; and this produces a state of the system very similar to that which follows severe hemorrhage; and many of the red corpuscles are also destroyed, and the blood is defibrinated, decided anæmia following its continued use. In small doses, Quinia increases the force and rapidity of the circulation; in large doses, the inhibitory centre that presides over the action of the heart is first irritated, then depressed, and, finally, the heart stops in diastole, proving conclusively that there is a total paralysis of vaso-motor nerve force.

Quinia lowers temperature in two distinct ways: First, by preventing oxidation of tissues, or, in other words, it stores all retrograde metamorphosis of the worn-out tissues. On account of this action, it is called by many a fixer of conditions, *i. e.*, it holds the system in whatever condition it may be in at the time the drug is administered; and, if the tendency is for the temperature to go down, it-

will lengthen the time of its doing so. Whatever truth, if any, there may be in this theory we will not stop to inquire, only saying that this is the basis of the explanation why Cinchona cures intermittent fever, by fixing the system while in its normal state. The second explanation of how it acts as an antipyretic rests on its action on the cerebro-spinal nervous system. Let us see of what a fever consists. In every fever there is a chain of organs, as it were, involved; this chain is the base of the brain, the spinal cord, the heart, arteries and capillaries; and, if one link of this chain is missing, there cannot be a fever. The contraction of the capillaries in the initial of a fever is from an excitement of the sympathetic part of the vaso-motor system, while the dilatation, or fever, is from the cerebro-spinal; then surely every antipyretic must act directly upon one or both of these systems. Then, as we have already seen, Quinine stimulates specially the basilar region of the brain and the upper part of the spinal cord, and one link in the fever chain is an excitement of these parts; then, how can this remedy reduce the fever, as we so often observe in clinical practice? This is a pertinent question, and should be understood by every one who attempts to administer the Cinchona salts for the purpose of obtaining their antipyretic effects. While studying the action of Quinia, we observed that it speedily influenced or stimulated, then brought on congestion of the base of the brain, followed by inflammation, with entire suspension of function, or paralysis. Thus we see that the temperature is lowered because that part of the vaso-motor system that presides over high temperature is not kindly controlled and corrected in its perverted action, but it is deprived of its power to act—is paralyzed—this result being brought about only by repeated large doses. Of course, as this effect is completed, we will find a weakened heart action, with all the symptoms of cinchonism. The temperature is lowered, but how great the cost—far more than I, for one, care to assume, especially while we have other and safer means of accomplishing the same results. Then, I will not give Quinine for its antipyretic effect.

When we find the indications first mentioned present, we will also find that the structures upon which Quinine directly acts are in a condition to kindly receive it and appropriate it as a means of assisting nature in bringing about a cure. If the pulse is hard and

wiry, it tells the pathologist, in language that cannot be mistaken, that there is an excessive irritability of the heart muscle; then do not give the Cinchona salts that increase the irritability. If the tongue is dry, the skin dry, showing that the glandular action of the system is at a standstill, do not give a drug that will further decrease their action. If the disease is one of periodicity, telling us that the nerve centers are endeavoring to overcome some depressing influence that is embarrassing their action, play the part of the Good Samaritan by assisting them with small doses of Quinine, but do not paralyze them.

## OTOLOGY.—FURUNCLES, PARASITIC INFLAMMATION AND FOREIGN BODIES.

BY KENT O. FOLTZ, M. D

**FURUNCLES.**—This annoying disease usually occurs in conjunction with furuncles in other parts of the body.

**Cause.**—The cause of "Job's Comforters" is unknown. Some authors say, "it is evidently the result of impure blood;" others that micro-organisms are responsible; again, that they are more apt to occur in anæmic persons. Diabetes is also honored as producing these 'pets.' Acne and other skin diseases are said to be prolific causes. Poultices and local irritation are also named, and so on through the list; "you pays your money and you take your choice." Having satisfactorily (?) settled the cause of this disorder we will proceed.

**Diagnosis.**—Subjective symptoms: sometimes impaired hearing through partial or complete closure of the auditory canal. Tinnitus aurium, which is usually present in aural diseases, is conspicuous here through its absence, at least as a rule. Pain more or less severe according to its location. Objective symptoms: by illuminating the canal the circumscribed swellings can usually be readily discerned.

**Treatment.**—Local: free incisions through the boil, allowing free exit for the inflammatory products. A probe should be used before incising, so as to find the most sensitive point. After the incision, warm water should be used, either with a syringe or douche, and continued for several minutes. Constitutional: tonics. Lime water, or preferably Calx. Sulphuratta ix.; in grain doses, every three



hours, continued for two or three weeks after the furuncles have ceased to form. By this treatment you will almost invariably save your patients from successive crops.

**PARASITIC INFLAMMATION.**—This disease is seldom met with, except among the poorer classes in crowded tenement districts. Several species of parasites cause this disease, all of which give rise to the same line of symptoms, and also all yield to the same treatment; so I will give simply the general appearance presented, referring those who wish the microscopic details to some of the numerous text books.

The aspergillus is the most common form, though all are fungoid growths or moulds.

**Cause.**—Inflammatory condition of the canal, instillation of oils for alleviating pain, bad hygienic surroundings, particularly damp dwellings, which invariably are productive of fungoid life.

**Symptoms.**—Subjective: sensation of fulness in the ear, tinnitus aurium, vertigo, impaired hearing and sometimes a dull heavy pain. Objective: flakes varying in color from a whitish to almost black; adhering to the canal walls and surface of the membrana tympani. These flakes are frequently mistaken for hardened cerumen or even epidermal scales, and occasionally are so abundant as to occlude the canal.

**Treatment.**—Usually the scales can be removed only by the use of some blunt instrument and the angular forceps, keeping the ear well illuminated during the operation. Care must be exercised in doing this work, else inflammatory action will follow. After the flakes have been removed, the ear should be syringed with warm borax water.

Parasiticides usually will do more harm than good; simple warm water being better than Mercuric Chloride, Carbolic Acid, etc. Having, however, a great deal of confidence in the cleansing properties of Borax, I use it almost universally in syringing the ear.

**FOREIGN BODIES IN THE EAR.**—These may be classed as animate and inanimate. Animate insects of various kinds frequently are unwelcome visitors in the auditory canal, causing frequently excruciating pain. These intruders, if of small size, can be most easily dislodged by the use of the syringe and warm water. In two cases, however, I have succeeded best with blunt, angular forceps

the insects being moths of such a size that it seemed to be an impossibility for them to gain an entrance. By the use of the forceps they were readily removed.

Where the insect is small, and no syringe at hand, filling the ear with warm water will bring the tenant to the surface.

Larvæ in the ear are not often found, but may be in cases of suppuration of the middle ear, where parties are careless about cleansing the canal; but no doctor should allow a case under his care to become filthy enough for such a thing to happen. If maggots are hatched in the ear, the syringe should be used first, removing pus and such of the larvæ as can be dislodged by this method; then blowing the fumes of gasoline into the ear will kill the balance, which can be picked out with the forceps if they adhere by hooks, which many of them possess, or by the syringe.

Inanimate foreign bodies are frequently found in the ear; in children, being frequently introduced in play, either by playmates or themselves. Adults sometimes will "poke" some substance into the ear for the purpose of curing pain in some other part of the body, through some occult reasoning similar to that of carrying a buckeye in the right-hand pantaloons pocket for rheumatism.

The removal of these foreign bodies is sometimes a very difficult operation, taxing the skill and patience of the operator. Usually, the removal would not be very difficult; but, before the doctor sees the case, zealous friends have endeavored to remove the offending object, with the result of forcing it deeper into the ear.

Syringing the ear is the safest and surest method, while instruments must be used as little as possible. Very few of the numerous implements devised for the removal of foreign bodies are worth the room they occupy at the instrument makers or in the doctors' offices. Forceps usually push the body deeper. Gross's curette will be found valuable at times, provided the operator has a steady hand and good illumination. A light wire loop will sometimes do good work; while a probe, curved at the end, will again prove most effectual.

Where the canal is much swollen, and the body is one that will not swell, the best plan will be to wait until the inflammation has subsided. If all efforts still prove fruitless, the patient should be sent to some competent surgeon; for, in all probability, detachment

of the auricle will be necessary, and this should not be attempted unless the operator is "gritty," as it is a bloody job, and any faltering might prove disastrous.

Whenever persons present themselves with a tale of foreign bodies in the ears, do not accept their story until you have confirmed it by ocular examination, otherwise you may do them serious injury through blundering interference, and also injure your own reputation as a careful and prudent physician.

### THE ACTION OF MEDICINE.

BY E. M. MCPHERON, M. D.

In our farther prosecution of this subject we will adopt a fifth proposition, as formulated by Headland, viz.: *That the medicine, when in the blood, must permeate the mass of circulation, so far as may be required to reach the parts on which it tends to act. That there are two possible exceptions to this rule: (a) The production of sensation or pain at distant parts. (b) The production of muscular contraction at a distant point.*

From what has already been said in our previous articles upon this subject, we might already have been convinced that it is impossible, as a general rule, for medicines to exert their primary or individual action upon parts remote from the point of their introduction by nervous or any other agency, but that they must reach the part upon which they act by transmission through the circulation. As has been previously stated, there are some medicines which, from the rapidity of their action when introduced into the organism, have led physicians to conclude that they must act by nervous transmission; but the experiments of Magendie, in which he introduced some Urari poison into the limb of a dog, connected to the trunk only by quills uniting the divided ends of the vessels—all nervous and lymphatic connection being severed—it rapidly taking effect, and must necessarily have done so through the united ends of the vessels; those of Sir Benj. Brodie, in which he introduced Urari into the leg of a dog, connected to the trunk only by means of the principal nerves carefully dissected out, it failing to produce any effect; and those of Blake, in which he found that chemical substances travel the entire circulation in 66 seconds; prove, first, that vascular connection is absolutely necessary for the primary action

of medicines upon parts of the organism remote from the point of its introduction; second, that nervous connection is wholly insufficient for such action; and, third, that the rapidity of the circulation in man is sufficient to explain the action of medicines which act in the most rapid manner. The experiments show that those medicines which most powerfully influence the nerve centers, as Prussic Acid, Ammonia, Chloroform, Morphia, etc., must actually be transmitted to the brain through the medium of the circulation before their action can become manifest.

The action of nerve medicines when applied locally is the same as that following their absorption; a fact rendering it highly probable that they act by vascular transmission. Belladonna dilates the pupil, Eserine contracts it; Arsenic, Strychnia, Phosphorus, etc., augment muscular irritability, each acting in the same manner whether applied locally or administered through the stomach. Medicines which have a special affinity for action upon nerve structure have been detected in these parts after death. Thus Alcohol has been found in the brain, and Lead in the spinal cord.

From the facts adduced, we rationally conclude that, however near medicines may be brought to the parts of the nervous system upon which they tend to act, whether it be periphery or center, they do not generally affect it unless allowed to come in contact with it. And what is proved of neurotics holds good with all classes of therapeutic agents. The glands of the body form a third case in which we require proof of actual local access. We may treat of this *in extenso* at some future time, when we will attempt to show that those medicines which act upon gland structure, known as eliminative medicines, must actually reach the glands which they affect, and be excreted by them. When Mercury is detected in the saliva, Sulphur in the perspiration, Sulphate of Magnesia in the bowels, Turpentine, Balsam of Copaiba, Acetate of Pot., Daturia, etc., in the renal secretions, it is evident that these substances reached these glands to which their action is directed. In laying down this rule for the necessity of local access for the production of primary or individual action or effect of a medicine, we must not make it too absolute. No proper medicinal action can be transmitted by nerve fiber; but to say that no action at all can be conducted by the agency of the nervous system is not making

proper allowance for the vital properties of nerves. Because of this, nerves are capable of transmitting two actions—an impulse producing sensation, or an impulse producing muscular contraction at a distant point. We know that an impression on the terminal extremity of sensory nerves is capable of producing either motion or sensation at a distant point by reflex nervous action. These impressions must necessarily pass through the nerve centers, though they are not appreciably affected by them. It sometimes, though rarely, happens that the action of a medicine on the extremity of a nerve may cause this distant action or sensation without the medicine reaching the part; but when this does occur, it proves the exception to the proposition at the beginning of this article. This action is reflex, and in no way dependent in kind or degree with any individual action of the drug. When Arsenic, Phosphorus or Strychnia produce muscular contraction in remote parts of the body, they do so by stimulating the nerve centers. This we call the proper action of the medicine, the action depending in kind and degree upon the agent used and upon the amount. We sometimes find, especially in unstriated muscular fiber, that when one part of the muscle is caused to contract, that the wave of contraction is propagated by sympathy, or continuity of structure, and this may prove one exception to our rule of local access, in order for the production of the primary or individual action of medicines.

We will now consider separately the two exceptions mentioned at the beginning. (a) *A medicine may occasionally produce pain or sensation at a distant part, without reaching it.*

We know that morbid action in one part of the body will often produce pain or uneasiness in other parts distant, by reflex nervous action. Everyone is familiar with such phenomena in disease. The pain in the knee in morbus coxarius, in the left arm in some cases of heart disease, and in the right shoulder in diseases of the liver, are examples. Certain impressions upon the surface of the stomach may cause such reflex pain. Swallowing a piece of ice, or drinking ice-cold liquids, will sometimes produce a pain over the brow; distention of the stomach will sometimes provoke cephalagia, by irritating its surface; some tonics act in like manner. Any irritant, as Arsenic, Iron, Zinc, Copper, etc., will do the same. The action of violent purgatives will produce the same sensation at

times. In each of these instances the impression is due to reflex nervous action, and bears no relation to the primary or individual action of the agent used. No agent, when introduced into the blood, is known to produce an impression upon distant parts without coming in bodily contact with them.

(b) *A medicine may occasionally produce muscular contraction at a distant part, without reaching that part.*

This may be done in two ways—either by reflex nervous action, or by continuity of structure. Of the first, we have an example in the convulsive contractions produced by the action of Strychnia upon the nerve centers. We may notice it from an impression upon the surface, as is seen in emesis provoked by the irritation of the filaments of the vagi nerves distributed to the mucous surfaces of the stomach, when Sulph. Zinc, Sulph. of Copper, Mustard, etc., are administered. The propagation of muscular contraction from one part or organ to one lying in contact with it, or by continuity of structure, is well illustrated by the action of violent purgatives, particularly those that act upon the lower bowels or rectum—as Savine and Aloes. All physicians who have used these agents are acquainted with the fact that the contraction of the muscular coats of the bowel produced by the action of this class of agents has a strong tendency to extend to the uterus, producing contractions in this organ. This renders the employment of such agents dangerous during the period of pregnancy, as tending to produce abortion. These agents may, however, be turned to good account because of this action. In cases where the menstrual flow is tardy or deficient, they may, by the irritation and congestion which they produce in the uterus, establish the discharge. This action from the presence of these medicines in the blood is certainly rare, and, when it does occur, is the manifestation of the vital properties of nerve and muscle, and not the peculiar or individual action of the remedy; hence they do not invalidate our starting proposition.

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### COLLEGE CLINICS.

REPORTED BY A STUDENT.

The Clinics at the American Medical College during the present session have been quite abundant. The new location has added greatly to this branch of teaching, and great advantage is afforded

the students who come here to see the practical as well as to hear the theoretical.

The action of remedies has been well demonstrated and the various surgical procedures are being well exemplified.

A few cases reported here may be of interest to the JOURNAL readers as well as to those who have the advantage of personal observation.

FROM THE CLINIC OF PROF. HENDERSON.

*Cadaveric Gases.*—Mrs. A., a widow, aged 46 years, complains of continual pain and tenderness in the region of the stomach. The pain is aggravated after meals; the tongue is dry and slightly furred; she has slight headache, thirst and insomnia; the skin is pallid.

She states that the present trouble began at the funeral of her husband six weeks ago. When the coffin containing the body was opened, the body having been embalmed, she rushed to the body, and in an explosion of grief she swallowed the gas which arose from the coffin suddenly opened. She staggered backward as if she had inhaled the fumes of ammonia, and would have fallen, but for the assistance of friends. The stomach trouble began at that moment and has continued ever since.

Bismuth and Hydrastia was prescribed and a liquid diet ordered. The report has been gathered that this cured the case.

*Hypertrophy of the Heart.*—Mr. O., aged 45, German, and a teacher, complains of præcordial oppression, vertigo, tinnitus and a strong buzzing sensation all through the body; worse at night or when lying down; has always had good health, except an attack of acute articular rheumatism twenty years ago. The lips are bluish and the superficial vessels are abnormally full and blue. The cheeks and nose resemble an old toper, though the patient is a temperate man. Physical exploration reveals a tumultuous heart's action, and there are evidences of hypertrophy in the region of left nipple. A loud murmur is at the junction of the third right intercostal cartilage with the sternum. synchronous with the first sound of the heart.

Prognosis is unfavorable. Tinct. Cactus Grandif. and Potassium Iodid. was prescribed. The patient is under this treatment and reports himself better.

*Chronic Diarrhœa.*—Mr. N., aged 40, German, janitor by occupation. Has passed through an attack of some kind of fever, probably continued remittent. After the fever subsided an uncontrollable diarrhœa set in which kept him weak, no appetite, rapid emaciation, headache, abdominal tenderness, rapid small pulse, broad flabby tongue with a bluish coating; diarrhœa is profuse and watery, with yellow tinge. Tinct. of Nucis Vom. with Acidum Nitricum was ordered every two hours, and small doses of Podophyllin with Carbs. Veg. to be taken every four hours. The patient returned in two days with the belief he could go to work, all symptoms having subsided.

CLINIC OF PROF. WATERHOUSE.

*Dentition.*—A child, age 8 months, was undergoing the line of troubles due to dentition, vomiting, greenish watery discharges from the bowels—periodical fever, with a continual worry.

The child was losing flesh, and bore the cachectic appearance, characteristic of those severe troubles.

It had been under the treatment of some physician for six weeks, with no change in its real condition.

At the college it received ten drops of Chamomile Tinc. in four ounces of water, the dose to be a teaspoonful of the mixture every two hours. Also a dozen powders of half grain each of Mono Bromide Camphor, one powder to be taken every four hours until the child was quiet, then to be given as necessary. Child rested well that night and was well before the medicine was all taken.

*Chorea.*—Benny L., a boy of about twelve years of age. Six years ago he had an attack of diphtheria, and it was thought that it would be impossible for him to weather the storm, but in due time he recovered, with the exception of a localized Chorea from the action of the disease passing upon the nerve centers, since which time he has been under treatment of numerous physicians, but without making any improvement in his condition.

Upon examination we noticed the peculiar twitching of the eyes, and often an involuntary spasmodic action of the shoulders and arms. His tongue was coated, broad and pallid, and there was no desire for food. He was unable to attend school, and was growing worse rather than better. The doctor gave him small doses of Gelseminum, and directed him to return in a week. On his return



he was much improved, and his medicine was continued without change. In four weeks from the time he first came to the college his recovery was complete.

CLINIC OF PROF. YOUNKIN.

*Neuralgia from an imprisoned nerve of the little finger.*—This young lady I have had before you some four or five times: You will remember that she has complained of a severe pain in her little finger of the left hand. The pain has been acute and extends along the fifth metacarpal bone. It is very sensitive on the palm at the metacarpo-phalangeal joint and can be traced from there along the hand, up the arm, and hurts her even in her side. So great is this pain that she cannot rest at night. This condition has existed for two years. Now you observe no swelling nor redness; the joint moves freely, though upon extreme flexion it is painful. She tells us that two years ago she had this finger dislocated or thrown back upon the dorsum of the hand so that the end of the finger rested at the wrist. I observe extreme tenderness on the palmar surface at the metacarpo-phalangeal joint, and it seems there is a hard point there. She told me that she prefers to have this finger cut off rather than to suffer this pain any longer. You remember that on her first visit here we put this hand in a splint of lamellated plaster and kept it there for a month, but she came back with the pain as severe as at first. I then applied Croton Oil Liniment, and she returned with no improvement. I said then that I did not like to sacrifice the finger by amputation, for it seemed to me there ought to be some other mode of relief. I gave it as my opinion that some adhesive bands about the joint had so tied the digital nerve as to give rise to this pain. I suggested an incision upon the metacarpo-phalangeal articulation along the course of the nerve and on the palmar aspect with a view of liberating the imprisoned nerve.

This operation you saw me perform, and now she returns with the parts nearly healed and she says she is free from the pain.

*Balanitis, Phimosis, Circumcision.*—This young man a few days ago presented himself for treatment for what he calls "private disease." You observed at the time that he had a discharge of pus resembling gonorrhœa and that his prepuce was quite long. In his attempt to pull the prepuce back he fails, but as he draws it back you see that the mucous membrane is jugged with vesicles, and in-

stead of the pus coming from the meatus urinarius it pours from these vessels. This is a balanitis. For this we gave him a simple wash, ten grains of Sulphate of Zinc to three ounces of water. We had him draw the foreskin well forward and hold it up so we could pour in the Zinc solution after which we inserted a pledget of absorbent cotton. I sometimes use Permanganate of Potash one grain to the ounce in the same way. To-day he returns with the discharge fairly ceased, but the prepuce is so long and hugging so closely to the glans that he can hardly get well without a circumcision, or, if he does, the discharge and irritation will return upon the least provocation. The young man has therefore consented to the operation and says he can stand it without Chloroform. I believe he can if he has his mind made up fully to do so.

I now draw the prepuce forward taking care to bring with the true skin the mucous membrane also. I slip these forceps over the foreskin, and putting my knife in the slot of the forceps I sever the prepuce. Now you see, as we let go, the true skin contracts—slips behind the glans, while the mucous membrane is stretched over the glans. We pick this up and thrusting a blade of our scissors beneath the mucous membrane and on the dorsum of the glans, we split it up as far back as the true skin. Now you observe on each side a little redundancy of the mucous membrane. This we pick up and cut it off on each side. You see now that the cut edge of the mucous membrane meets that of the true skin without much gaping of the wound. Our older surgeons were very careful to tell you to stitch these edges. You have seen me stitching this in some previous cases, but we are not partial to stitching, and we shall dress this case without a stitch. We sprinkle fine Boracic Acid upon this. Now we take a square piece of gauze and in the center we cut a hole for the meatus, and slipping this over we surround it with absorbent cotton and a roller bandage. We give him a solution of Boracic Acid, and order him to keep it wet for three days and return.

*Chronic Arthritis.*—I here present you a little boy whose age is 12 years. About five weeks ago he first came to our clinics. Some time ago he received a blow on the internal malleolus, the ankle became swollen, hot and painful. Soon after this the knee began to swell and give pain. A physician was called in, who prescribed a liniment of some kind, but the boy received no relief. When he first presented himself to us we found that the inside of the ankle

was livid and swollen, with evidences of slight effusion in the joint. The inner condyle of the femur was also in a state of enlargement, and it appeared as though the cancellated structure of the lower end of the tibia and the condyle of the femur were infiltrated and in sympathy with each other. The acute condition had passed, and a chronic inflammation was present, without evidence of pus. The boy looked pale and worn, giving evidence of constitutional trouble (irritative fever). At that visit I told you how mistakes are made in trying to cure such cases with liniments, and neglecting the all-important element of treatment in joint disease, namely, *rest*. You saw how we fixed a splint on this leg, and secured it with a roller bandage from the toes up above the knee. We gave him the Syrup Lactophosphate of Lime, and had him take the recumbent position as much as possible. After the lapse of five weeks he comes, and all signs of disease seems reduced, You observe a great change in the general appearance of the boy, and we now take off the splint and roller, enjoin moderate exercise in the open air, and a continuation for a time the Lactophosphate. The boy told his mother that he wanted to come this time and thank that doctor for curing him.

*Eczema*.—This young lady appears before us the second time. You would hardly know her now, though it has been but a week since she was here.

When she first came to the clinic, you remember that her face was covered with an eruption we called eczema. It burned her, and annoyed her by continuous itching. Little vesicles covered her cheeks and forehead, and a yellowish fluid exuded. As this dried it left a scaly-like appearance. Now this eruption is nearly all gone and she looks quite different. Our prescription was: *R.* Oil Cade, ℥iij.; Salicylic Acid, gr. xxx.; *Olium Olivæ*, q.s. ℥iij. Mix and apply twice a day.

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## TREATMENT OF THE MORPHINE HABIT.

BY E. R. WATERHOUSE.

In reply to the interrogation of Dr. Elias Wildman, asking for a treatment for the Morphine habit, I will say that it has been my lot to successfully treat several such cases. The most difficult part of the matter is to keep up the patients determination to stop the use of the deleterious drug.

The patient may start out with a dose of opium in his stomach, and with the determination never to take another grain, but when the pangs and cravings of a debilitated nervous system calls for more, it is the patient with more than the average amount of determination that can resist the demand.

There would be but few such cases that would come to notice, were it not for the fact that there are thousands who are being led into the habit by a class of physicians who prescribe it for every ill, imaginery or otherwise, and let me say that, if there is a just punishment in the hereafter for earthly transgressions, this class of practitioners will fry. It is the physician who never thinks for himself, the one who never tries to analyze a pain to find upon what pathological condition it is dependent. He is the man that will give Opium or its preparation for the most trival complaint. Soon the patient enjoys the sensations of drunkenness, and slowly goes down to physical destruction.

There is no one with a sane mind that will doubt the statement, that this class of debauchery is increasing with each succeeding year. Since it has become unpopular to use whiskey, thousands who have stood in the highest circles of society have resorted to Opium, to satisfy a depraved appetite, and from this class, down to the small boy who puffs the Opium laden cigarette upon the street, we realize the perverted cravings.

The trickery that will be exhibited by this class of patients to obtain the drug, would do credit to a criminal lawyer.

It will not answer to deprive the patient of his usual allowance of the narcotic at once, but the dose must be decreased, little by little, for weeks; probably the best method is to mix a certain amount of Quinine with the Morphine—if that is what he is using—and increase the per cent of Quinine day by day, without arousing the patient's suspicions by presenting a dose of less bulk than before.

As we are thus reducing the allowance of Morphine, we will endeavor to build up the patient's nervous system by the appropriate tonics, and if this mode of procedure is carried out in good shape, the patient may be handled nicely.

Do not try to substitute Chloral for the Opium, thinking that he can drop the Chloral when the time comes. To your sorrow, the time will never come, and you will realize that you have made a bad matter worse by substituting the Chloral hydrate.

For the extreme nerve excitement, you may often use the concentrated tincture of *Avena Sativa*, or *Scutellaria*, fld. ext.—possibly *Valerian*, *Mono Bromated Camphor*, *Stramonium*, or *Canabis Indica*. Or the thinking physician will often see indications for other remedies, which may be resorted to if the direct indications are observed.

As permanent nerve tonics, or to grow a better condition, we may use *Strychnia*, *Ignatia* and many others, but the tapering off process must be conducted in a systematic manner.

One particular case that I treated, was a lady probably forty years of age. The habit was formed with the beginning of the menstrual periods, from a physician prescribing *Morphine* for the slight pain that attended the approach of the periods.

Her friends were determined that the habit should stop, and made way with her stock of the drug, and notified the village druggist to sell her none on any pretence. When the case came into my hands she had been without the drug for three days, and was so wild that it was necessary to tie her to prevent injury to herself or other members of the family.

I ordered small doses of *Morphine* to be given, and then began the tapering off process, as I have described, with the most happy results. She was in the habit of taking a teaspoonful of *Morphine* at a dose.

The most of the nostrums warranted to overcome the appetite for this narcotic are mixtures containing a large per cent of the drug itself; and the friends will be happy until they find out its composition.

You will understand that the patient must be handled very carefully.

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### MEMORY.

BY E. L. STANDLEE, M. D.

“The memory is strengthened by exercise” is an adage of equal antiquity and truth, and just as truthful at the present time as it was in the days of the ancients. Why not? Is it not possible to develop every part of the physical by constant and well-regulated exercise? Is not an increase of strength consequent upon this kind of development, and are not all the functions of the tissues im-

proved in proportion to their development and cultivation? We think so. Then, if the memory is one of the functions of the cerebrum, or a portion of it, why not strive as hard to improve it by constant effort, as we do to invigorate our muscular systems? By exercising a muscle the circulation of the blood is made more active, the destructive and constructive changes in the capillaries are carried on with greater rapidity. Therefore, the nutrition of the textures is improved. In the same manner do we find the nutrition of all the textures of the animal economy improved. I would not lose sight of proper diet and sufficient rest. Most all are acquainted more or less with the effect of irregular meals hurriedly eaten, irregular sleeping, worrying over books and figures "in season and out of season." The results are headache, vertigo, dyspepsia, depression of the physical; therefore peevishness, cross irritable temper, absent-mindedness, despondency, melancholia, etc.

But, in this article, I mean to make more apparent strength consequent upon cultivation and exercise. Those who have not particularly attended to the subject would probably be surprised, on inquiry, to find to what an extent mere strength of memory appears to have contributed to the greatness of literary men in all ages. Our own times have presented many striking illustrations in proof of this assertion. Speaking of Lord Byron, Mrs. Shelley, an observer of great acuteness, and who had the advantage of ample opportunities of intercourse with that noble poet, has made the remark that his natural abilities did not strike her as being very extraordinary; in fact, she thought rather meanly of them; but "his *memory*," says she, "was altogether supernatural." Every page of his writings seems in support of the statement. In the first place, as to the simple remembrance of words, the endowment in question appears to have been of vast use to Byron. To the great strength of his memory we may ascribe the astonishing copiousness and felicity of language and the faculty of rhyming displayed in the brilliant galaxy of poems which he poured forth in rapid succession—a succession so rapid, indeed, as to have no parallel in literary history. Again, when his works are carefully examined, we find in them comparatively few traces of distinct originality of thought. A vast number of his ideas and images are

but the able and improved versions of the conceptions of others, for which he had drawn upon the stores of his wonderful memory. Not less strikingly apparent was the value of a well-cultivated memory in the case of Sir Walter Scott. That he possessed such a gift is undeniable. Many circumstances in his life indicate a wonderful strength of memory. The Ettrick Shepherd tells us of being once on the Tweed with him, engaged in salmon fishing by night, when, during a leisure moment, he repeated a certain ballad of considerable length, which had never been printed, and which he had only had repeated to him one time. To his memory is to be ascribed the wonderful felicity of illustration which constituted so large a portion of the charm of his works. But the extent to which Scott drew through his memory on the brains of others is neither so great nor so discernible as in the case of Byron.

While thus endeavoring to enforce the propriety of cultivating the memory by the examples of such men as Byron and Scott, it must not be thought that we are blind to the store bestowed upon individuals in the form of natural talents conducing to their success and renown ; but the object chiefly is to impress upon the mind of the reader a sense of the value of a powerful memory as an auxiliary endowment ; though at the same time, beyond all question, a strong and well-stored memory has gone far to make up for the want of original powers of mind, and has enabled those possessed of it to outshine others who possessed originality of mind without the accompanying advantage of strength of memory. Hitherto the case of literary men only has been referred to ; but the same arguments apply alike to all professions and positions where combinations and calculations are matters of frequent concern, and, in short, to all situations where the records of experience are available or influential. Though of more consequence in some circumstances than in others, a powerful memory is of paramount importance to all mankind.

The natural mode of cultivating and strengthening the memory is, as set forth in the above, by exercise. Just as the faculties of observation, audition, olfaction, sensation, etc., are cultivated, the latter of which becomes as very eyes to the blind, by which they are able to distinguish between certain colors. It would be an easy matter to multiply examples where the cultivation of the memory

has strengthened its power to an astonishing degree. Every reader who has perused the narrative of persons long held in captivity will remember that, in almost all instances, one of the mental phenomena recorded by each prisoner was a great increase of the powers of memory, resulting from the necessity of exercising and depending on the faculty, in the absence of all the aids to be found in ordinary circumstances. A series of notches on a stick, marks on the wall, or knots on a string, conveyed often to the poor captive a whole history. If then strength of memory be a possession of such consequence, as we have endeavored to show it to be, and if the plain and obvious mode of strengthening it be by exercise, should not this end be kept in view and made prominent in all classes of education?

Much of modern teaching seems to make most prominent the meaning of the lesson taught. This is correct and right enough; but the student should also use correct terms in conveying that meaning. How can a physician describe his patient's condition, or the character of a surgical operation to another, without the use of technicalities? I enjoin upon my students of anatomy the necessity of remembering these terms, tell them how to remember and be able to recall them, and practice them in the use of them, which prepares them to converse and express themselves intelligently on subjects of this kind.

We find persons professing to follow a peculiar and secret way of fixing facts on their recollection. This is quite true; but when you have learned the secret, it is a mode of cultivation which requires exercise upon your part—something that is calculated to draw out all the tact, ingenuity and mental effort of which you are capable; and you cannot memorize as readily as your teacher until you have practiced. So at last we must come back to exercise, with natural endowments, and add to this all the help you can get. Persevere in an exercise so important as this, and time is sure to bring a reward.

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#### POSTAL BRIEFS.

"LARVÆ IN THE NASAL CAVITIES."—I have never seen the larvæ described by Dr. P. S. Weidman, but would suggest, in case he should again be called to attend a patient suffering from these pests, that he use the vapor of Gasoline. It is a notorious fact among



entomologists that Chloroform, Ether and similar anæsthetics are not only slow in their action, especially on larvæ, but very uncertain, while Gasoline vapor usually destroys life almost at once.

KENT FOLTZ, M. D.

**A PHENOMENAL PENIS.**—*Prof. Younkin*: Here is the first case of the kind I have seen, and I would like some of the readers of your valuable journal to suggest a mode of treatment.

Geo. B——, aged 30 years, of Prescott, Arizona, called upon me for treatment. His glans penis was enlarged to 9 inches in circumference and 10½ inches in length, and was continuously in a rigid or erect position, and had been for seven months.

The only way I can account for this peculiar phenomenon is that some doctor of the "orange blossom" class wanted to experiment with something he knew nothing about, and this is the result. He said the physician he had consulted had advised castration, but I should like to know the best course to pursue with the case and I will be thankful for suggestions.

E. L. WILLARD, M. D.

**PROBABLY ECZEMA.**—*Pof. Younkin*: What is the matter with Mrs. J——? Her age is 25 years. She has been troubled for twelve months with a breaking out in her head and face. It commences first in the mouth, in the form of yellow blisters, and then on the face, in patches. The skin thickens, and is deep in color; then, with subsidence of this, the ears run a thin, straw-colored matter. She lost her eyesight about three years ago from something similar. What treatment would benefit this case?

A SUBSCRIBER.

*Answer.*—The description above given is too meagre to arrive at any definite conclusion. We should know something more of the constitution and general symptoms, the habits and mode of life. We imagine that it is a case of eczema, but it might be syphilitic. At a venture, I would suggest the local wash of Permanganate of Potassa, or a lotion of Salicylic Acid and Borax. Internally, I would suggest Iris, Phytolacca and Podophylin, in small doses, or the Iodide of Arsenic.—[EDITOR.]

**TAPEWORM.**—A good deal has been said and written on the subject of tapeworm, in regard to its etiology, pathology and treatment. The theory that the cysticercus is the cause occupies quite

a prominent position in the mind of the physician, and it is not my intention to deny this theory; but, in the case I am about to relate, I should like some reader to explain how the cysticercus could be introduced into the intestinal canal in this case

In the month of July, 1884, a prominent farmer in my community came to my office and asked me if I could take a tapeworm. I told him I had conceit enough to believe I could. He then asked me whether I could take one from his son, not quite four years old. To which I replied I could, if he had one. He then told me he did not want any experimenting on his boy.

He gave me the following history of the case: When the boy was about four weeks old he passed joints of tapeworm, which, by the way, is the only reliable symptom. From that time on, joints had passed almost daily, but nothing was done until the boy was about two years of age, when their family physician made an attempt at its removal, without obtaining the most important part—the head. He made repeated efforts, but with the same results, always obtaining large portions, but not the head. This greatly prostrated the boy. The father then employed physician No. 2, and his treatment very nearly started the boy up the golden stairs, and did not get the worm. Doctor No. 3, a noted specialist, was then consulted, but he refused to undertake it, on the grounds of the boy being too young to bear his treatment.

At this juncture the father came to me, with no small degree of anxiety, and after the question of fee was settled, on the ground of no worm no fee, I furnished him with a quart of pumpkin seed tea, half of it to be taken at once, or as much as the boy could drink, beginning at 10 o'clock, allowing neither dinner nor supper. At 3 P. M. he should drink the balance, and in an hour after I put him on: R. Oil Male Fern, Kameela Pulvis, aa ʒj.; Koosso, ʒij.; Sach. Alba and Gum Acacia, q. s. to make an emulsion, ʒiv. Of this, I ordered a tablespoonful to be taken every half-hour until all was taken. The next morning we had the worm, and the boy but little prostrated.

The worm measured 25 feet. Now, if the cysticercus theory is correct, where did this child, who never ate meat or any other food but its mother's milk, get the egg?

H. SHOMBER, M. D.

**MALIGNANT PUSTULE.**—Malignant pustule is the result of infection from the bodies of animals that have died of murrain. The disease is confined to the sub-cutaneous tissue, and first appears as a painful pimple, which soon becomes a vesicle filled with turbid serum, followed by the characteristic pustule. This soon sloughs, leaving a gangrenous ulcer of an inch or more in diameter, and may spread rapidly. The parts become enormously swollen, and, if on the face, the fauces become involved, and death may ensue from suffocation.

On November 5th, 1888, Herman K——, a farmer, called at my office. His face, arms, abdomen and legs were covered with painful pimples and pustules. He had been working in mortar which he had mixed with hair. He had first picked the matted hair with his fingers, and, having scratches upon his hands, these places evidently became infected. The hair had been gathered from cattle-hides after the cattle had died of murrain. The application of caustics, as recommended by writers, was impracticable, owing to the great amount of parts involved; so also the method of incisions, as recommended. I gave internally 3 grains of Salicylic Acid every hour and a half, and painted the parts with Tr. Iodine, and used ointment of Oleate of Zinc and Oxide of Zinc; also Oleate of Copper, with Vaseline; also lard rubbed in as hot as could be borne every two hours. Gave Tinct. Ferri Mur. and Quinine every four hours.

On November 31st the patient's face looked all right, and other parts much better, except the left arm, the swelling of which seemed to increase to frightful proportions. I still kept up the above treatment, except the Iodine, giving hot drinks, and made warm applications to the feet; occasional Dover Powder to quiet; Flaxseed and Bran poultices to the arm. On November 11th there was a subsidence of the swelling, and on the 14th the patient was about well.

**BLOOD POISONING.**—October 25th, Mr. McD—— called. He had been in a fight two or three days before. He was bitten by his antagonist on his left thumb. His thumb and whole arm swollen and highly inflamed, with a livid color. The patient was feverish and suffering great pain, and had not slept during forty-eight hours.

What is it that produces these symptoms? The bites of domesticated animals will often produce serious symptoms and evidences of septic infection. Four years ago I very nearly lost a case from the bite of a cat; and the bite of a man may become highly dangerous. In the mouth there may be chemical changes, combined with decomposition. I believe dental caries should be considered as a source of fermentation and putrefaction.

The surgeon should see that the mouth is washed, and the dentist should look after diseased teeth. Diseases of the throat, ears and nose are in all probability due to diseased teeth. A slight scratch from a tooth in an unhealthy mouth may produce most dangerous symptoms of blood-poisoning.

F. VON FRANKENSTEIN, M. D.

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## SELECTIONS.

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### EXPOSURE OF M. PASTEUR'S METHODS.

Dr. Lutaud (Redacteur en chef du *Journal de Medecine de Paris*) has made a full and complete exposure of Pastorian methods, with the statistics and scandals relating to the modern French Cagliostro. The high standing of the author and the bold fight he has made against the greatest humbug and charlatan of the age are too well known to the readers of Parisian medical literature to need mention. In this work the life of M. Pasteur is fully presented to the reader, his character and motives dissected, and his claims to scientific recognition analyzed and exploded.

Dr. Lutaud will be accused of wildest heresy in not following blindly in the footsteps of modern medical men who accept Pasteur as a demigod. Just as the equally great Parisian imposter, Mesmer, was accepted by European doctors in 1787, for his pretended discoveries in animal magnetism. History repeats itself and never more strikingly than in the case of Mesmer and Pasteur—Pasteur, of whom Lutaud remarks: "The new prophet, he has created the foundation of a new Church whose principal dogma is *Credo quia absurdum.*"

To the mass of the profession and the public, who measure a

man's reputation and ability by his popularity, the information that Pasteur is an arrant knave and imposter will be received with astonishment and regret—astonishment that the world is so easily duped, regret that the Utopian dreams of a medical Munchausen have not been realized. In France, where every man's pen is held responsible for every libel, and fine and imprisonment are common occurrences to editors, the boldness and bitterness, the keen invective of Dr. Lutaud's last diatribe deserves either punishment or vindication at the hands of outraged M. Pasteur and the French courts of justice. If the statements of Dr. Lutaud be true—and his statistics and corroborative testimony are presented in strong and unqualified terms—the followers and disciples of Pasteur should hide their heads in mortification and shame that men who have no belief in so-called theological mysteries should have an abiding faith in vague theories that even eclipse the moonshine myth of homeopathy. That a man entirely ignorant of medical training should turn the heads of the medical profession of France and England by the common artifices of the average imposter, is a fact which does not redound to the credit of modern medicine, which should be sceptical rather than credulous.

The pleas of Pasteur to national recognition have been based on a number of claims. Let us briefly analyze these claims, as fully evidenced in the latest word of Lutaud.

*It is claimed that he has made France rich by curing the silk-worm disease.*

This assertion is utterly false. The Departments du Midi, where silk culture was most largely practiced, are ruined, and no longer have silk worms, save those imported from China. The French production of cocoons, which was formerly equal to 30 million kilogrammes, fell to 18 million in 1865, the period when M. Pasteur was sent to investigate the cause and cure the disease. Since Pastorian methods were resorted to, the production fell to 4 million kilogrammes. According to Pasteur, the disease of the silk worm was caused by a microbe, which he discovered through the microscope. Pasteur, in his official report, proclaims in bombastic French: "I am master of the malady, I can give the disease or prevent it as I will." The Pasteur treatment was adopted: those who sold the remedy—at a high price—made fortunes. Those who

used the remedy (the farmers) ruined their crops. Last year's crop under Pastorian treatment fell to two million kilogrammes. For this wonderful scientific achievement France pays Pasteur a pension of 12,000 francs.

*It is claimed that he made the grape growers of France rich by curing their vines of disease.*

An arrant snob under the empire, M. Pasteur, consecrated a work to that equally great Imperial fraud, Napoleon III., with the introduction: "Sire, I hope that the time consecrated to my labor," etc. In this work Pasteur proposes an expert (*so-called*) to cure wines and vines. His treating apparatus for wine does not bring more than the ordinary price of old iron, and the grape vine disease has not been cured, although Pasteur's pension was now 25,000 francs per annum. This fact is lamented in a letter from Saint Vallier, ambassador of the French Republic to Germany, which missive is duly incorporated in Lutaud's book, but is too lengthy for entire reproduction—the following short excerpt will suffice:

"It is a sad time in which we live, with false *savants* of the blow-trumpet order, of the Pasteur species, who are neither sages nor educated, not even practical men of ordinary common sense. Such men blow their own trumpets in the public dress parade."

Vine-culture in France, it is needless to say, has not been benefited by M. Pasteur.

*It is claimed he has made French brewers rich by pointing out an infallible method for manufacturing beer.*

The Pasteur process is absolutely abandoned to-day, and never entered into general use. A company formed to run his patents quit the enterprise in disgust at their failure. *To day the beer made in France is manufactured by the ordinary German process.*

*It is claimed that Pasteur saved the herds of France from the terrible cattle plague.*

According to Lutaud, *"the vaccination of cattle and sheep in France cost the country millions of francs."*

The herds were attacked by pneumonias, catarrhal fevers and other serious maladies—after inoculation by the brilliant Pasteur—and in Hungary the Government Commissions declare in the official report that "Pasteur's inoculation tend to accelerate the action of other diseases in animals and hastens the natural issue of other

grave affections." The Hungarian government prohibits its use in the extensive herds of that country, and to-day in France the practice is so fatal that the veterinary surgeons no longer use the method.

*It is claimed that he made the farmers of France rich by curing and preventing chicken cholera.*

This was another insertion of a Pasteur-discovered microbe for preventive and curative purposes. Out of 1,000 experiments there is only claimed to be one success. When practiced, the method is more disastrous to the chicken than the cholera. Late epidemics of chicken cholera in France—notably at Nancy—have demonstrated that the remedy is worse than the disease. Another pseudo-scientific patent remedy, invented by a charlatan who knew less of a duck's anatomy than of the sweet-voiced utterance of *Quack!* So much for Pasteur and chicken cholera.

*It is claimed that he has made the hog raisers of France wealthy by curing the porcine disease.*

Still playing on the credulity of people, with the microscope and newly-discovered germs and the antique fake of inoculation as a preventive, the illustrious Pasteur now asserted "that a pig acquires immunity from hog cholera by vaccination." Why he should continually apply the term vaccination to all animals except the cow, is one of those mysteries known only to a French *savant* like M. Pasteur. This discovery resulted, as usual, in filling M. Pasteur's already bulging pocket-book, and causing many a hog raiser to wish he had never tried the remedy, for the disease seems to have been communicated by inoculation. As usual, this was one of Pasteur's viruses that *kill* in place of being *preventive*. The Baron of Sevres of Monteil, president of a commission appointed by the French Government, in his last report, states:

"Nevertheless, your commission is not sufficiently satisfied as to the immunity of hogs from disease after vaccination, and advise *prudence* on the part of stock-raisers in using the method."

These claims for Pasteur, advanced by his friends—who seem to be legion—show how blind public opinion becomes at times, and how destructive the adoption of erroneous views may prove to the natural interests of society. That Pasteur is the most magnificent exhibition of what may be termed in vulgar parlance *monumental*

cheek on record goes without contradiction, if we are to be influenced by Lutaud's work, which is fortified by full quotations from numerous official documents.

Scandals involving the so-called Pasteur filter, and other clap-trap inventions, are not to be wondered at, while the well-founded and positive statement—in fact, the notorious fact—that Paul Bert paid Pasteur a commission of 25,000 francs to use his influence to secure Bert's entrance to the Academy of Sciences goes without contradiction. When we come to consider that the Academy really designed to receive Davaine, from whom Pasteur stole all the ideas he ever had, the enormity and disgrace of the modern Cagliostro's crime cannot be spoken of in calm terms in the space allotted to a short review of a very large volume. Poor Davaine died of a broken heart from chagrin; Bert took his purchased seat in the Academy; Pasteur, the world-renowned scientist, pocketed the blood-money, amounting to 25,000 francs, and started on a hunt for new microbes, pensions and annuities.

The latest Pastorian fad is the cure and prevention of hydrophobia by inoculation. The humbuggery, associated with the murderous consequences to numerous deluded victims of his latest craze, have been treated at length by Dr. Lutaud, show full and concise statistics, with the names of the unfortunate fools who were destroyed as much by the *intensive method* of Pasteur as by the rabies—only serve to awaken horror and disgust. The saddest commentary on bacteriological medicine is the necessity of killing the patient in order to prove a theory.

To those who wish to study Pasteur as a man—a monster and a fraud—we cheerfully commend the work of our friend Lutaud—a French journalist, who is unequalled in keen satire, critical analysis, wonderful deductive power, and bravery, in a land where prison cells yawn for every man who indulges in a libel. Dr. Lutaud has defied Pasteur, and the illustrious scientist has his reconrse in the French courts. If M. Pasteur feels himself wronged and maligned, he should order the arrest of Dr. Lutaud. Will the noble army of Pastorians insist on such action?—T. C. M., in *Lancet-Clinic*.

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SCABIES.—A drachm of Resorcin to an ounce of Vaseline is said, when applied every night, to be a specific for scabies.



## MEDICAL AND SURGICAL ITEMS.

THE DOSE OF SALICIN.—According to Dr. McLagan (*The Lancet*), Salicin must be given in large doses in rheumatism, from 20 to 40 grains every hour, until there is decided evidence of its action. Generally before an ounce is given improvement has taken place, and as the symptoms decline the dose may be diminished.—*Am. Jour. Phar.*

UNGUENTUM BOROGLYCERINATUM.—A substitute for Iodoform and Carbolic Acid ointments, and a superior preparation of Boric Acid, is made by taking of Boric Acid, 10 parts, and Glycerin (sp. gr. 1.23), 30 parts, boiling for 10 minutes; after cooling to 50° make an ointment by addition of Lanolin, 40 parts, finally add Paraffin Ointment (sp. gr. 0.890), 20 parts. The last addition has the effect of diminishing the rapid absorption of Lanolin. In appearance the ointment resembles Cold-cream. — Koehler, *Schwz. Wehnschr. f. Pharm.*

TREATMENT OF ERYSIPELAS BY COMPRESSION.—A new method, called by the author the "mechanical" method, is proposed by Dr. Anton Wolfler in an article published in the *Zeitschrift für Therapie*. He seals the diseased part with Traumatine, a solution of Gutta Percha in Chloroform, and in cases where there are many inequalities of surface and where the skin was very movable the erysipelas would occasionally escape from under the protective, necessitating an extension of the Traumatine dressing. The author then resorts to strapping with adhesive plaster and has no further trouble.

FORCED DILATATION OF THE SPHINCTER ANI FOR HEMORRHOIDS.—A French thesis, by F. Monod (*L'Union Médicale*), extols the forcible dilatation of the sphincter as the most safe and successful method of treating many cases of internal hemorrhoids. The operation is done under anæsthesia. One of the conclusions reads as follows: "In view of thirty cases already known in which the forced dilatation, without giving rise to any serious accident, has invariably produced either a radical cure or a notable amelioration, there is no temerity in assuming that this excellent method will rapidly pass into the domain of every-day surgery, and will finally become the most generally applicable treatment for hemorrhoids."

**ANOTHER TREATMENT OF HEMORRHOIDS.**—Dr. T. J. Bennett (*Tex. Med. Jour.*) adopts the following method: He first paralyzes the sphincter by placing it on a stretch in the usual way, then he seizes the tumors with dressing forceps and breaks them down roughly with a metacarpal saw, or more frequently with the point of a scalpel, thus making a lacerated wound, so there will be no hemorrhage. The apprehension of bleeding will be readily dispelled upon the adoption of the plan. The patient is usually well in eight or ten days. He prefers this method to the ligature clamp or injection.

**A NEW ANTISEPTIC.**—Dr. W. C. Wade (*Phar. Rec.*) introduces the Sulphite of Aluminium and thinks that it combines the essential qualities of practical antiseptics, in that it is efficient, non-poisonous, unirritating, without offensive odor, soluble or insoluble as desired, not costly and remains unaltered by albumen. He has been led to prefer the Sulphurous Salts of Aluminium—the *sesquisulphite* and the *persulphite*; the former is insoluble and the latter soluble in water. He does not know how large a dose of the sesquisulphite might be taken into the stomach with safety, but he does know that 30 grains has produced no disagreeable effects. He does not specify the diseases, internal and external, where these agents are applicable, but reasons from a comparison with other antiseptics, considering the element of astringency as an additional quality and speaks of the range of the Sulphites in antiseptics.

**TO REMOVE FOREIGN BODIES FROM THE THROAT.**—A British naval surgeon, Dr. Beveridge, states that for foreign bodies in the throat, such as pieces of meat, etc., a simple mode of relief is to blow forcibly into the ear. This excites powerful reflex action, during which the foreign body is expelled from the trachea. The plan is so easy of execution that, if there is anything in it, it ought to be generally known and applied.

**NITRATE OF AMYL IN CHLORAL POISONING.**—Dr. J. S. Coghill (*Brit. Med. Jour.*) was called to see a man, aged 62, who, two hours after taking a large dose (quantity uncertain) of chloral, was gasping with four respirations a minute kept up by artificial respiration. The surface was cold, deeply cyanosed; with the pupils contracted to the size of a pin's head. The pulse was 80, full, soft and compressible. Twenty drops of Nitrate of Amyl were admin-

istered by inhalation. Within two minutes warmth had returned, even to the extremities, and the surface had assumed the hue of health. In ten minutes the respirations reached nine per minute, and gradually rose to twelve. The Amyl was repeated, in a smaller dose, after an interval of two hours. On the following morning at 9:30, about twelve hours after the chloral was taken, although the patient was generally much improved, still there was no return of consciousness; but after brandy and beef tea enamata he became quite sensible, and spoke to those around and swallowed food. At 6:30 P. M. the patient was improved; and continued to do so until 9 P. M., when he started up suddenly from sleep, stared around, threw up his hands, and, with a cry, fell back dead. Dr. Coghill thinks a more copious stimulation per anum might have warded off the fatal results due to cardiac syncope.—*London Med. Record.*

**HYDROCYANIC ACID AS A CURE FOR THE OPIUM HABIT.** — Dr. J. C. Blalock, in the *Atlantic Medical Journal*, recommends Hydrocyanic Acid as an efficient substitute for Opium and Morphia in the treatment of the Opium habit. He has found "no patient who could not quit Morphia while under the influence of the Acid." It acts pleasantly, without depressing after-effects. His formula reads: R. Acidi Hydrocyanici dil., gtt. xlvij.; Syrup Simp., ℥ij.; Aquæ, ℥j. M. Sig. A teaspoonful at 7 A. M., 12 M. and 8 P. M.

**TO BLISTER THE SKIN QUICKLY.** — Into a watch-glass, pill-box, or any similar small receptacle, pour ten drops of concentrated Water of Ammonia (Aqua Ammonia Fortior); cover the liquid with a bit of linen or a little cotton wool, and at once apply the cup upon the skin where the blister is required. Press so that the vapor is confined to the inside of the vessel. A red circle will directly be observed outside, when it will be certain vesication has taken place. Half a minute or so is all the time required to obtain the result. The blister may be dressed in the usual manner of dealing with a blister from Cantharides. Acetic Acid, concentrated, applied to the skin will also in a few minutes produce vesication. In such cases evaporation should be prevented by some suitable covering. Bibulous paper slightly wetted with a little of the Etherial Extract of Cantharides, instantly applied to the skin and covered with a piece of adhesive plaster, will answer for the same purpose.

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E. YOUNKIN, M. D.,

EDITOR AND PUBLISHER.

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## EDITORIAL.

### ABDOMINAL SURGERY AND CONCEALED AB- DOMINAL WOUNDS.

Abdominal surgery, for the last quarter of a century, has made rapid progress. The fear of opening the abdominal cavity, lest peritonitis should intervene, was so great in the early part of this century that surgeons were deterred from so bold a procedure. The first laparotomists had to encounter not merely the ordinary difficulties inherent to all new procedures, but they had to meet

violent opposition from those whose prejudices were limited to the teachings of former years.

Notwithstanding the peculiar sensitiveness of the peritoneum and its susceptibility to inflammatory action upon the least invasion, it was found by experimentation that its cut edges, when brought together, would unite in a very few hours; that it was no more prone to a hasty peritonitis than it was to a hasty repair, and that when placed under favorable circumstances, with good surroundings, perfect cleanliness and antiseptics, the effort at repair of injury overbalanced the dangers of peritonitis.

The treatment of certain injuries of the abdomen, notably gunshot wounds; tumors, especially those of the female pelvic organs; and rupture of the bladder, have been greatly influenced by our modern views and methods. Even for diagnostic purposes the question of opening the walls of the abdomen is now most favorably entertained, and in many instances practiced. Laparotomy is now made for division of constricting bands in intestinal obstruction, or to set free an intussusception, or to excise a portion of the intestinal canal. Colotomy, though an old operation, has been proven to prolong life in comparative comfort when the large intestine is the seat of carcinoma, and in a few instances the rectum has been excised, an operation which, it must be said, is still under trial, since the cases suitable for its performance are few, the risk great, and the results thus far not very encouraging. The surgery of the kidney has grown into marvelous favor. Nephrectomy is performed for malignant disease of that organ; nephrotomy for renal abscess, and nephro-lithotomy for the removal of renal calculi.

The urinary organs have received a reasonable share of consideration. A rupture of the bladder is now stitched. Incisions are freely made into the bladder for excising tumors that were formerly considered beyond the reach of the surgeon; the prostatic enlargements are now made accessible through the supra-pubic operation, which in former times was almost abandoned, but now, through the additional distention of the rectum, has been revived and offers fairer prospects of increased success in the enucleation of tumors and the extraction of stone.

Owing to improved methods and a better understanding in dealing with sensitive membranes and organs, the surgery of the female

pelvic organs has undergone much change. Ovariectomy was originally confined to the enormous growths, and the operation was performed as the dernier resort, only when the lamp of life was on the wane. Now, a tumor is removed when small, and painful ovaries, without special enlargement, are extracted. Uterine tumors are removed with but little risk, comparatively, and extirpation of the entire uterus is recognized as a justifiable procedure under certain conditions.

All serious injuries of the viscera are attended with more or less shock; if the shock is persistent or relapsing, grave internal mischief may be expected. A continuous pain following injury, intensified at one point and radiating over the abdomen, may be regarded as an unfavorable omen. Vomiting should be regarded as a symptom of visceral lesion when the patient has not been injured about the head. A puffy, doughy, crepitant swelling, usually commencing in the groin and slowly creeping upwards upon the abdomen, is indicative of intestinal rupture, the gases or flatus of the bowels having passed through the perforation. The face is pale and anxious, the patient restless, pain great, vomiting constant, respiration thoracic, the pulse feeble and thready, sometimes slow and rapid. A force applied suddenly to the front and sides of the abdomen, such as by the kick of a horse or the passage of a vehicle wheel, is capable of rupturing the intestines without wounding the parieties. The treatment should be: Rest in the horizontal position, hot applications to the feet; stimulants may be carefully given to overcome the shock, hot fomentations locally applied, or perhaps ice; an anodyne given to allay pain, hypodermically to be preferred; anodyne suppositories are suggested. Ice in the mouth, and, if rejected, warm water should be tried. If symptoms become more urgent hourly, a surgeon might feel justified in opening the abdomen to seek the injured intestine.

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### GEOGRAPHY OF THE BRAIN.

A notable feature of our modern physiological investigation is that of mapping out the seat of the various functions of the brain. While advancement in this direction is slow, it is now generally conceded that the facts of cerebral localization are beyond peradventure. Investigations have been made mainly with the motor and

sensory functions, but the centers of vision, smell, taste, touch, temperature and hearing, appear to be no great distance in the future. The nerve cells of the brain are said to be about 300,000,000 in number, and each of these seems to possess a certain degree of independence in its vital function, each possessing a separate individual life. The life of a nerve cell is estimated to be about sixty days; so that about 5,000,000 of these cells die daily, 200,000 every hour, and 3,500 every minute. In order, therefore, for the brain to maintain its equilibrium, an equal number of cells must be reproduced from the nutritious elements of the body. Thus it is seen that a man has a new brain every sixty days.

Our latest works on surgery must point out the salient points of every function. They must show upon the cranial vault the boundaries of every convolution, so that the operator shall be guided in the use of the scalpel, elevator and trephine. A general survey must be made, and the anatomical and physiological landmarks must be carefully considered and marked out. A trustworthy estimate is to be made of every cerebral part. Here then is a great work to be performed. The hidden mysteries must be solved, old doctrines must be fairly tested, and old theories overthrown.

It is by no means an easy task to establish, according to symptoms, the category of any given affection. A man receives an injury of the brain, and does not speak. Is he in a state of *can not?* or is it a *will not?* The first may arise from a weakened intelligence, or from paralysis of the vocal organs; and the second may be upon the cells governing the *will*. There are many persons rendered speechless from slight disturbance; and there are others rendered morose and stubborn, who could speak if they would. Again, a person injured or diseased in the brain may have the ability to hear, but will not hear. If he hears, his perceptive faculties may be so impaired that he forgets before the *will* power is capable of transmitting the power to answer to the words spoken.

Notwithstanding the many difficulties in the way of cerebral localization, some advances are being made. The most certain evidence by far is that obtained from cases of hemorrhage and circumscribed softening, while observations on neoplasms and sclerosis of the cortex are to be considered with great caution.

**CULINARY EDUCATION.**

In these days, when efforts are being made to raise the standard of *medical* education, would it not be well to start a reform also among the cooks of this country? While boards of health are endeavoring to enforce sanitary rules, and quarantine against incoming pestilence, we are inclined to the belief that our servant girls and cooks should be freed from microbes and not allowed to enter the culinary department until after registration, and that her registration should be after she has passed the required education and received her diploma. Now, there is more sincerity than fun in this remark, for the gross ignorance displayed in the affairs of the kitchen is a shame and disgrace to the American people.

It is not an uncommon thing to see hanging over the back gates of our beautiful mansions, where dwell the highly educated and refined, some slovenly, filthy and ignorant servant girl, who it is that does the cooking and baking for the whole household. There is not one of them in a thousand who, if capable at all to make a good loaf of bread, can tell why it is that the loaf becomes light and spongy, or, on the other hand, why it is sodden and heavy. She knows not the chemical changes that take place. If she mixes flour, water, yeast and salt into a stiff batter and exposes it an hour or two to a gentle heat, she feels that this is enough, while she does not concern herself about the qualities and purposes of the ingredients, and hence her labors are wholly automatic and more liable to failures than successes. The cook should know the qualities of flour and how to select the good from the bad. She should understand that the water she uses hydrates the starch, dissolves the sugar and albumen and moistens the dry particles of the gluten, causing them to cement together all the ingredients into a coherent mass. She should know that yeast causes an active fermentation, converting the sugar into alcohol and carbonic acid, and that the carbonic acid, separating into bubbles, causes the dough to swell and rise. Indeed, the chemistry of a loaf of bread is a theme not to be told in a sentence, and it is longer than we have care to relate. We only introduce it as an illustration as to what ought to be done in the culinary department.

There is just as great a necessity of an education in this department as there is in raising the standard of medical education,



for I believe there are as many lives lost and health destroyed through miserable cooking, as there are through the ignorance of the medical profession. To him who can see no propriety in this plea, we would say, of what use is it for a physician to study the principles of reduction in dislocation when he can set the majority of dislocations without knowledge and by brute force? Of what use is it for a medical man to spend time at college when the majority of the sick will get well on bread pills given *ad libitum*? The argument is as good in the one case as in the other. To say nothing about the waste of material, there are unquestionably more lives lost through unscientific cooking than through medical quackery. Scarcely can we find a servant now, who can with any degree of uniformity, bake a good biscuit, cook a ham or fry a steak, fit to enter the stomach.

I say, let the coming generations, with their improved laws of hygiene and sanitary regulations, and with the higher standard of medical education, raise also the standard of culinary education, and let us have a clean, palatable and healthy meal occasionally. Then, if our eating will kill us, let us die scientifically.

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### RING OUT THE OLD AND RING IN THE NEW.

This number completes the sixteenth volume of the AMERICAN MEDICAL JOURNAL. We believe our readers have found their money's worth in a year's subscription. But few have left us, and we have almost daily added to our list of subscribers. We now hope for the renewals of all our old friends and as many new ones as we can gather in. Thanks, gentlemen, for the material aid and for the words of cheer you have given us.

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### THE GENETIC POWER OF BONE.

In a recent case under my charge the bone-forming power of the periosteum was clearly demonstrated. Mr. A., being caught upon the electric-light wires, had burned all the soft tissues, including the periosteum, from the dorsum of the great toe. After several months, granulation of the soft tissue ended, leaving the bone bare upon the dorsal surface of the first phalanx, the skin closing down to the bone on each side, the bone still remaining alive, receiving its nourishment from the cartilages covering the articular surfaces.

No progress being made to cover the osseous structure, I drilled through to the endosteum, and in a very short time the granulating tissue sprang up through the opening and covered the denuded bone. I have observed that in cases of fracture of bone attended with laceration, where the periosteum is torn away from the bone, that granulations may sprout through the bone fissure and supply the covering where the periosteum is rent asunder.

### A NEW METHOD OF DISCOVERING THE TIME OF DEATH.

Some curious and interesting facts were made known by M. Brouardel at a meeting of the Academy of Medicine (*Brit. Med. Jour.*) The corpse of a girl was discovered in a cellar, under a heap of straw. The body was in a state of mummification, and was thoroughly dessicated; the tissues were hard, and gave a sound when struck. The mummification was attributed to the dryness of the soil on which the dead body had lain. But an important factor in determining the time of death was that five different species of *acarina* had deposited their *debris* about the dried tissues of the body. By studying the generations of *acarina*, the date of death was ascertained to be two years before. M. Megnin has proved this a true criterion, by the examination of the *debris* of *acarina* found in a child's dead body. He ascertained that death took place two years previously, and this was confirmed by judicial inquiry.

M. Brouardel described the order of succession of the different species of *acarina*, the length of life, and their work of destruction of the dead body. One species consumes the acids, another absorbs the fluids, etc. When one species has finished its work, another sets in. The former dies or is devoured by the succeeding generation or species. Each generation has a life of from six weeks to two months.

M. Megnin established, in a case of murder, with precision, the exact date of the burial of the human remains that had been secreted in a garden. There was found with the remains a particular kind of ant, which is never found in soil recently disturbed, and the *debris* of *acarina*, which furnished a chronological indication.

An accurate study of the life and habits of larvæ of flies and

the different species of insects that inhabit and devour the dead body affords a fine field for scientific research, and would no doubt be of great value in medical jurisprudence.

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### CARDUUS MARIANUS IN VARICOSE STASIS.

In an article on visceral varices, in the *Medical Abstract*, translated from the *Bull. Zin. de Therap.*, Dr. Tripier speaks highly of *Carduus Marianus* (the common milk thistle) in visceral hematuria and varicose conditions of the veins in different regions of the body. He mentions a case attacked by hematuria, with weight and painful tension of the pelvis, with the belief that the case was one of varicose condition of the rectum; the *Carduus* was given in 25-drop doses, twice, daily, in a tumbler of water. This was followed by immediate amelioration of the tenesmus, and the hematuria ceased in a few days. The trouble appeared once again after, and this drug arrested the hematuria from the start.

Dr. Taylor's attention was called to *Carduus Marianus* from the use made of it by Rademaker in hepatic congestions and periodical biliary lithiasis. The tincture of the seeds is used, and may be employed for hemorrhoidal congestions and painful dysuria from caruncular growths of the female urethra. Dr. Tripier mentions a number of cases of pelvic congestions where other means failed to give relief, when, upon the administration of *Carduus Marianus*, the cure was quick and permanent. He believes that a certain number of women who present circulatory troubles of the liver and hemorrhoids, have pelvic affections, without proceeding directly from uterine and ovarian diseases, and in these cases the *Carduus* is his remedy. It is evident that all pelvic congestions are venous, the arterial system not so readily involved, and this is the great reason why *Hammamelis*, *Belladonna* and *Hydrastis* produce such prompt results. May we not add to this list of remedies the *Carduus Marianus*?

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### BOOK NOTICES.

REPORT OF THE PROCEEDINGS OF THE STATE BOARD OF HEALTH OF ILLINOIS, being the quarterly meeting held in Chicago, October 25-26. On the question of MEDICAL EDUCATION the Board reports as follows:

"At the meeting of the Board in July, 1887, a resolution was adopted defining the phrase, 'medical colleges in good standing,'—as used in the first section of the act to regulate the practice of medicine, approved June 16, 1887—to mean 'only those colleges which shall, after the sessions of 1890-91, require four years of professional study, including any time spent with a preceptor, and three regular courses of lectures, as conditions of graduation, and shall otherwise conform to the Schedule of Minimum Requirements heretofore adopted by the Board.'

"As already observed in previous reports, the better class of medical schools are endorsing this action of the Board by conforming their courses of study and requirement for graduation to this standard.

"By the time that the standard adopted in the foregoing resolution takes effect—to-wit, after the sessions of 1890-91—it is probable there will be as general a compliance as there was with the Schedule of Minimum Requirements adopted by the Board to take effect after the sessions of 1883-4. A large number have already increased their terms from two to three years, and the forthcoming report on Medical Education will show a higher standard and greater progress than ever before.

"OFFICE WORK AND MISCELLANEOUS.—During the quarter ended September 30, 1888, there were received in the Secretary's office 1,073 written communications, exclusive of diplomas submitted for verification, affidavits, letters of recommendation, etc., pertaining to 83 applications for certificates entitling to practice medicine, and to 21 applications for midwives. There were sent out during the same period 894 communications of all kinds; 51 copies of the Annual Reports; 3,750 copies of Report of Proceedings of June, 1888, meeting; 16 copies of Official Register; 38 copies of Report on Medical Education; 962 copies of Preventable Disease Circulars; 8,100 Vaccination Certificates, and numerous other publications of the Board.

"There were issued during this period 61 certificates based on diplomas of colleges which conform to the standard of minimum requirements; 15 to graduates of other colleges, who were required to supplement their diplomas by evidence of proficiency in the subjects or branches omitted by their respective colleges; 4 to doctors upon proof of 'more than 21 years' practice in the State; 1 to a non-graduate passing the required examination, and 3 duplicates upon proof of loss or destruction of the original; 12 applications were rejected because of inability to comply with the law. Certificates were also issued to 13 midwives, licentiates and upon proof of more than 21 years practice in the State, and to 7 upon examination, 5 being rejected."

**HAND BOOK OF PHARMACY AND THERAPEUTICS (LILLY), 248 pages, third edition, thoroughly revised. Eli Lilly & Co., Indianapolis, July, 1888.**

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It is needless for us to add words of commendation to this book. The name of Prof. Charcot is a sufficient guarantee as to its value. Every doctor should read it, and every doctor will be interested if he takes any interest in diseases of the nervous system.

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**THE TREATMENT OF DISEASES OF WOMEN, PUERPERAL AND NON-PUERPERAL.**—By Charles H. Goodwin, M. D. Published by Leonard & Co., 141 Broadway, New York. Second Edition, Revised. 436 pages.

This book contains the latest contributions to this important branch, based upon the recent experiences and investigations of such men as Drs. T. Gaylord Thomas, Paul F. Munde, Wm. T. Lusk, M. A. Pallen, Marion Sims, T. A. Emmet, and many other gynecological specialists. It is a small work, but very concise and practical.

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ATLAS OF VENEREAL AND SKIN DISEASES, BY PRINCE A. MORROW, A. M., M. D., Clinical Professor of Venereal Diseases; formerly Clinical Lecturer on Dermatology in the University of the City of New York. In fifteen parts; \$2.00 per part. Published by William Wood & Co.

This work is now complete to the IX. fasciculus. We have in former issues given notice of each part as they appeared from the press. We now have the privilege of examining parts VII. and IX.

We cannot say too much in praise of this great work. It is printed in large type and the text is full, concise and plain. The chromo-lithographic plates are not to be excelled; they are as natural as life.

PART VII. gives five colored plates on venereal. Plate xxxi. contains ulcerative gummata, vegetative syphilides of the face and soft palate. Plate xxxii. comprises syphilis of the mucous membrane, of the lips, tongue, hard and soft palate, the pharynx, etc. Plate xxxiii., paronychia, onychia, ulcerative syphilides of the nose and the toes. Plate xxxiv. contains syphilitic pemphigus and polymorphous syphilide. Plate xxxv., maculo-papular and other forms of inherited syphilis; also, s. pemphigus of the palms and soles.

PART IX. gives five colored plates, comprising erythema herpes, urticaria and eczema, in their varied forms.

---

A MANUAL OF DIETETICS FOR INFANTS AND INVALIDS, BY W. B. PRITCHARD, M. D.

This book will be found a compendium of very useful information and instruction upon the management and feeding of infants and the selection of food for the sick. The importance of proper food in its effect upon the progress of any illness has long been recognized, but it is only within the past few years that any definite effort has been made to systematize the subject from a scientific and practical standpoint. Dr. Pritchard in his Manual has taken up each disease separately, and has carefully and elaborately outlined the diet most appropriate in each affection, basing the selection of food upon the effects of the disease upon the system and the special organs and functions involved. It is a book that should be found

in every family. The vexatious question, "What shall I give my patient to eat?" need not prove a source of annoyance to the physician or nurse any longer. With your Manual to refer to, you have a reliable and convenient source of information constantly at hand.

The book is a handsome volume of nearly one hundred pages, neatly and substantially bound in cloth, and may be purchased for the nominal sum of fifty cents, or bound in paper covers twenty-five cents, postage prepaid (stamps may be sent). Address Dietetic Publishing Company, 115 Fulton Street, New York.

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### NOTES AND PERSONALS.

A SPRING at Saratoga has been sounded to the depth of 3,300 feet, and no bottom found.

A LIVE toad was found imbedded in a block of coal in the Coleford district of the Forest of Dean. Its form was imprinted upon the face of the mineral.

THE AMERICAN MEDICAL COLLEGE.—Students can enter *now* for the *Spring* Session. The remainder of the Winter Session can be taken without extra charge.

THE JOURNAL.—Bound volumes of this journal can be had for \$2.50.

Subscribers wishing their numbers bound can have them bound for 75 cents, they paying charges both ways.

All subscribers with missing numbers should have them filled out now, by notifying the editor of the missing numbers.

We can fill out missing numbers as far back as 1885; but prior to 1887 25 cents per number will be charged.

We can sometimes obtain old numbers by advertising for them, 25 cents per number.

See to it that your volume of 1888 is now filled out. This will cost you nothing.

TIMELY WARNING.—Subscribers in arrears must pay up before January 1st, as we cannot afford to carry any dead men upon our subscription list after that date. We are striving hard to have this journal stand in the front rank of medical journalism, and are con-



templating greater improvement for the coming year. We believe we are giving our readers more original and practical matter than any journal extant of the same size and price. Our "hash" is seldom warmed over, and we have as little *hair* in it as possible. If you want the JOURNAL, you must pay for it; if not, say so, and we will drop you at once.

CLUB RATES.—You can have the AMERICAN MEDICAL JOURNAL and the *Chicago Medical Times*, 1889, for \$3.00, by sending to this office.

NEW SUBSCRIBERS.—Any old subscriber by getting us one new subscriber can have both for one year for \$3.00. Any person sending us a club of six can send us \$8.40, and keep the remainder. We are thankful to our friends for the interest they have shown us in the past, and we hope to continue the same relationship. Now is the time to subscribe.

HOW TO HELP THE CAUSE.—Now, you will get our meaning if you spell the last word of our heading k-a-w-s. This means a young raven, and we have a few of these little fellows that were caught in our trap. Having a desire to winter them over, we observe they must be fed, clothed and warmed. The demand for this journal has greatly increased; and to supply this demand, we shall be compelled, either to make a contract with our printers for an increase in the number of copies, or else cut off delinquent subscribers. We want to do the former; but that takes money, and the young ravens need that money. If we carry the delinquents, "who will feed the young ravens that cry?" We are not troubled about the life of this journal. Its circulation is good; its temperature is normal; and its heart-beats are strong and regular. It holds a steady hand, and turns without a crank. Its shots are to the centre, and are sent whizzing to the mark. It is the young ravens that concern us. Our delinquents can help us, and our subscriber-friends can help us. Now let us take a steady pull and all pull together.

LITERARY NOTE.—720 is the record in numbers of the articles printed during 1888 in the *Archives of Gynecology* on the special

subjects of its title. It is the aim of the editors to publish all current thought in these departments of medical knowledge. The publishers, Leonard & Co., 141 Broadway, New York, do not send sample copies; but if you are not pleased with the first number, it may be returned, and the order erased. Subscription, \$3.00 per annum. Payment is not asked till the end of the year.

J. M. JONES, M. D., says: "Have been using Tongaline for two or three years with the most happy results, and find it has excelled any other remedy for the cure of muscular rheumatism."

Dr. W. R. LOWMAN says: "'Tis hardly necessary to say anything in praise of Peacock's Bromides, its reputation being so well established on true merit, and the therapy thereof so well known. Especially do I think it efficient in all peculiar neuropathic and neurasthenic conditions of hereditary and idiopathic origin. Even chorea yields when the Bromides and Arsenic are exhibited persistently and continuously."

DR. CHARLES H. MERZ, the house physician to University Hospital, at Cleveland, Ohio, April 25th, 1887, said: "I have made use of Papine for some time past, both in hospital and private practice, and find it a most agreeable substitute for Morphine and Opium. It is the anodyne *par excellence*."

L. W. CONDUCT, M. D., writes: "I have recently witnessed satisfactory results from the persistent administration of Succus Alterans in an aggravated case of destruction of the tonsil, velum, and all surrounding soft parts, where Iodide of Potassium had been exhibited more than two months in liberal doses, even as high as 400 grains per day continually for three weeks of the time, and had failed to arrest the progress of the disease."

**SHE COULDN'T BECOME A DOCTOR.**—We clip from a country paper the following: "Resolving her disappointment at not being able to become a sawbones from gnawing impalpability into material mercantilism, Mrs. George J. Roberts places it at \$5,000, and sues to recover the sum from the Bennett Medical College. She alleges that she was induced to dispose of a profitable patent med-

icine business in Janesville, Wis., and attend a half-term of lectures at the Bennett College, upon promises made by Dr. Milton Jay, its dean, and that these promises were not fulfilled,"

**HAY FEVER.**—"I have used Asepsin in four cases of hay fever. Three of the patients have reported; the fourth lives at a distance, and I have not heard from him. The first case was of fifteen years' standing and obtained almost entire relief from the following prescription: R. Asepsin, gr. xij.; Cocaine, gr. ij.; Juniper Pomade, ʒij. Mix, and use in the nose every four hours."

THE following comes from the *Medical Register*: "She was the belle of the town, but was of an investigating turn of mind. Having by some means come across the word 'gonorrhœa,' she asked the family physician its meaning. He told her it was a technical name for headache. Being visited by a young physician, who tenderly inquired after her health, she replied: 'I am quite well, thank you, except a slight gonorrhœa for the last few days.' 'He never smiled again.'"

**THE YIELD OF A TON OF COAL.**—Coke, 1,500 lbs.; coal tar, 140 lbs.; pitch, 70 lbs.; creosote, 17 lbs.; heavy oils, 14 lbs.; naphtha, 7½ lbs.; naphthaline, 6½ lbs.; naphthol, 4¾ lbs.; solvent naphtha, 2¼ lbs.; alizarine, 2¼ lbs.; aniline, 1½ lbs.; toluidine, 7⁹⁄₁₀ lb.; anthracine, 2⁹⁄₁₀ lb.; toluches, 1⁹⁄₁₀ lb. From the last-named product Saccharine is obtained, which is said to be 230 times sweeter than cane sugar.

*Don't forget that this is the last number for the year 1888, and Now is the time to renew.*

---

**FOR SALE.**—A good location for an Eclectic physician within 100 miles of St. Louis. A dwelling house of six rooms, outbuildings and stable. Also a new office of three rooms. All for \$1,000. Will introduce purchaser to a practice worth from \$1,800 to \$2,000. Will also sell horses, buggy, household goods, if desired. Eclecticism planted here for sixteen years, and none but a good, moral Eclectic need apply. The right man can make a living and clear the property the first year. Apply to the editor of this journal for further particulars.

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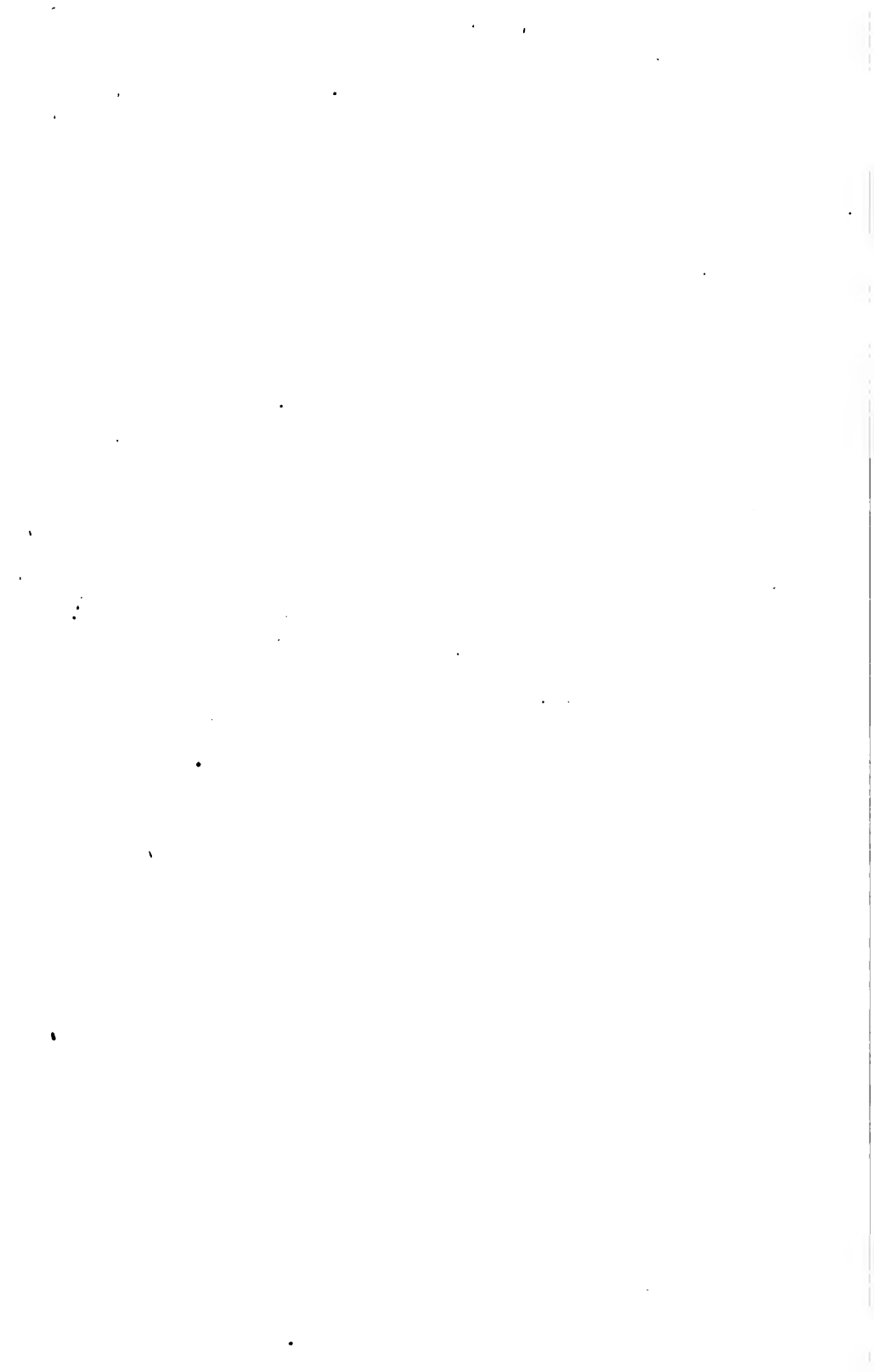
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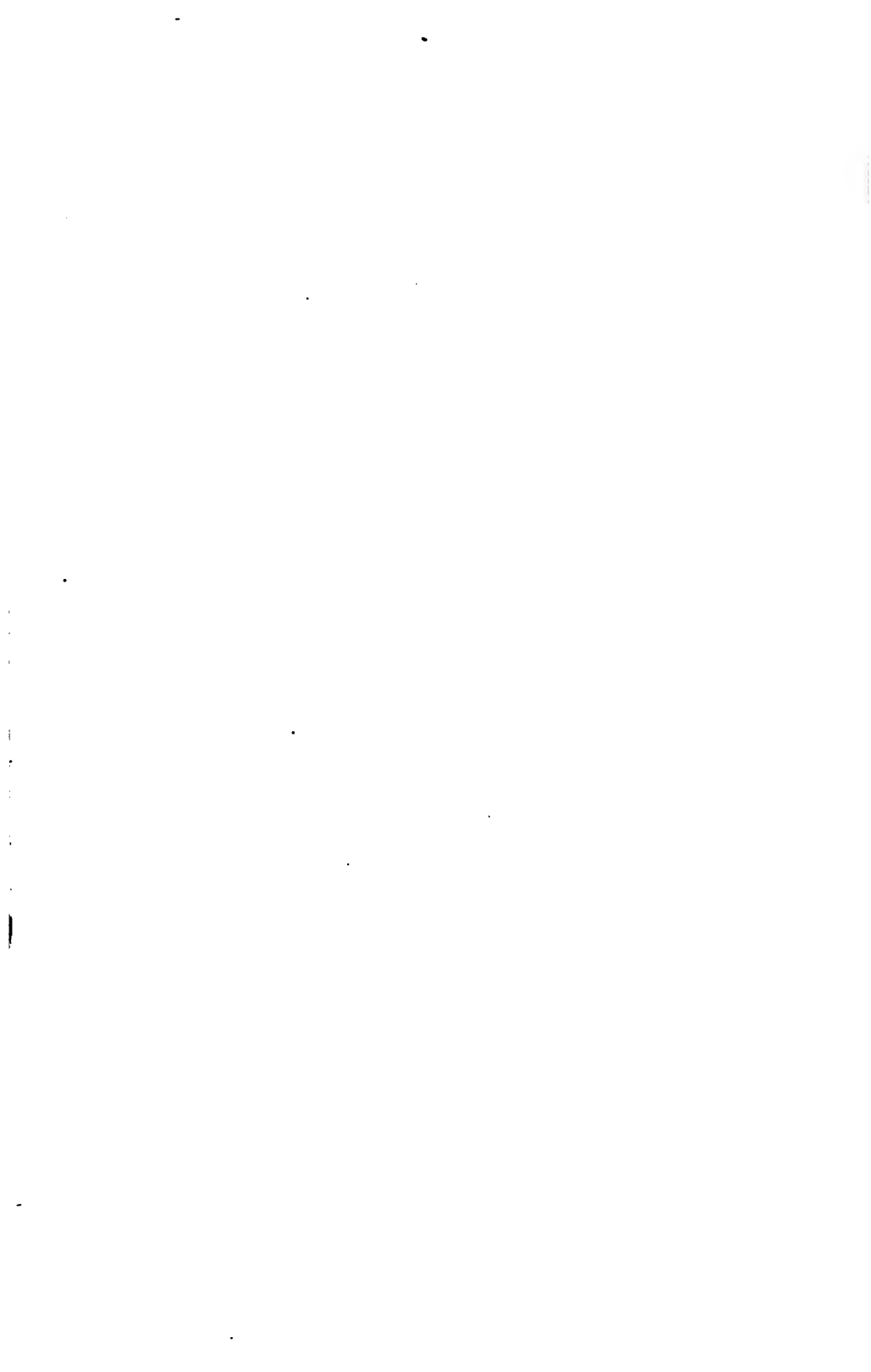
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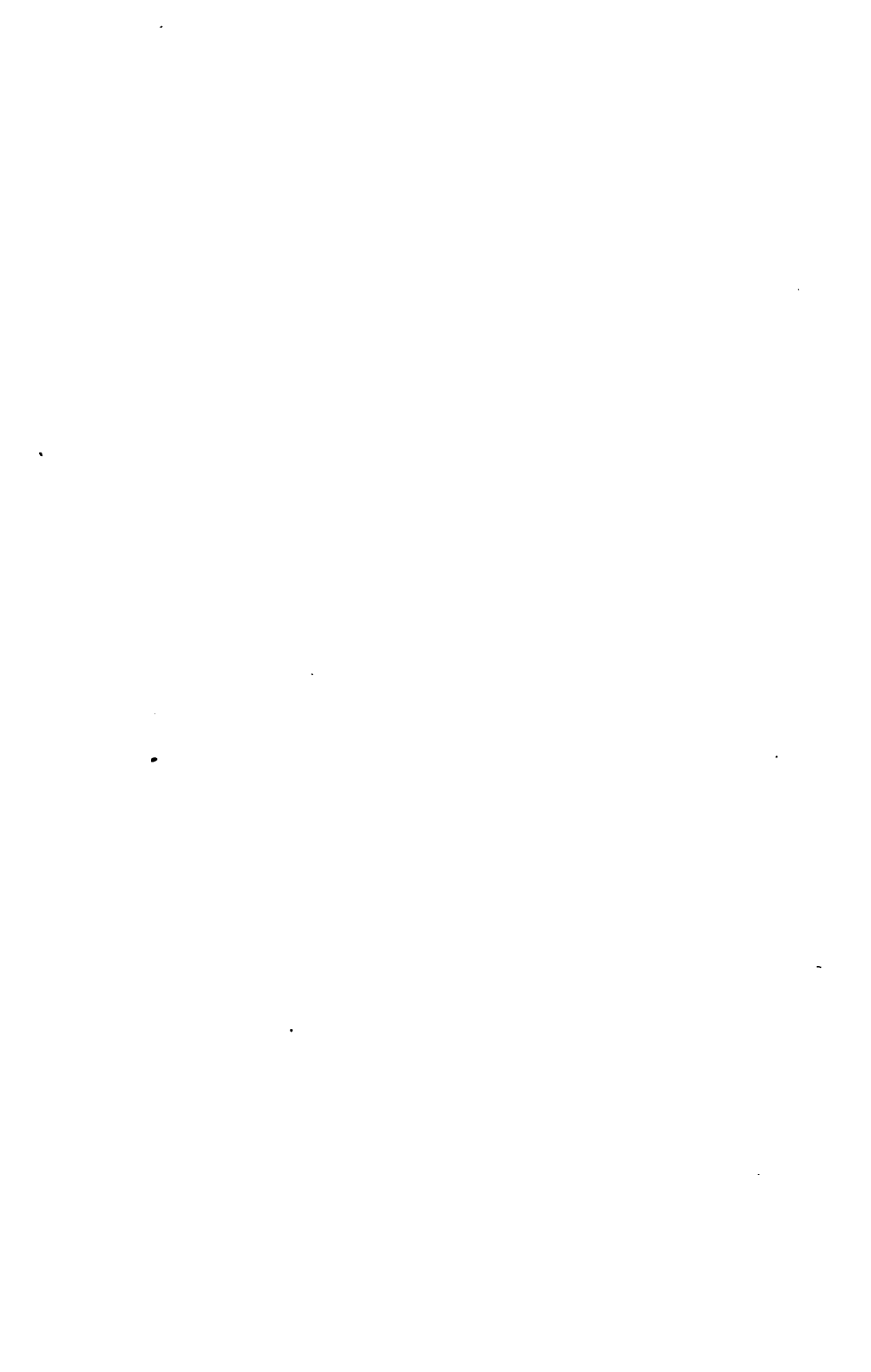
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